National Institute on Alcohol Abuse and Alcoholism

National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)

ALCOHOL USE DISORDERS AND ASSOCIATED DISABILITIES INTERVIEW SCHEDULE- Diagnostic and Statistical Manual of Mental Disorders - Fourth Revision (AUDADIS-IV)

Note: This instrument has been computerized and cannot be used as a paper and pencil instrument.

Section 1 - BACKGROUND INFORMATION

Statement A **These first few questions are about your background.**

1a. **(1) How old are you as of today?**	_____ Age
CHECK ITEM 1.0A Is age D or R?	1 ☐ Yes 2 ☐ No - *SKIP to 1a (4)*
Ask if not apparent. **1a.** **(2) Are you 18 years old or older?**	1 ☐ Yes 2 ☐ No
(3) *Interviewer: Enter best guess as to respondent's age.*	_____ Age - *SKIP to 1b*
(4) What is your date of birth? Please give me the month, day and year. Example: 01-20-1983 12-01-1963	☐☐ ☐☐ ☐☐☐☐ Month Day Year
Ask if not apparent. **1b.** **What is your sex?**	1 ☐ Male 2 ☐ Female
c. **Are you of Hispanic or Latino origin?**	1 ☐ Yes 2 ☐ No
(SHOW FLASHCARD 2) **d.** **On Card 2 is a list of racial categories. Please select 1 or more categories to describe your race.** *Mark (X) all that apply.*	1 ☐ American Indian or Alaska Native 2 ☐ Asian 3 ☐ Black or African American 4 ☐ Native Hawaiian or Other Pacific Islander
(SHOW FLASHCARD 3) **e.** **What is your origin or descent?**	☐☐
f. **Were you born in the United States?**	1 ☐ Yes - *SKIP to 2a* 2 ☐ No
g. **How many years have you lived in the United States?** *(Code 1 if less than 1 year.)*	_____ Year(s)
2a. **Did you live with at least 1 of your biological or birth parents at any time when you were growing up, that is BEFORE you were 18 years old?**	1 ☐ Yes 2 ☐ No - *SKIP to 2c*
b. **Did your biological father ever live in your household when you were growing up, regardless of whether he and your mother were married or not?**	1 ☐ Yes - *SKIP to 2d* 2 ☐ No - *SKIP to 2g*
c. **When you were growing up, BEFORE the age of 18, were you raised by adoptive parents, by relatives, by foster parents or in an institution like an orphanage?** *Mark (X) all that apply.*	1 ☐ Adoptive parents 2 ☐ Relatives 3 ☐ Foster parents 4 ☐ Institution 5 ☐ Other
CHECK ITEM 1.0B **Is 1 marked in 2c?**	1 ☐ Yes 2 ☐ No - *SKIP to 3a, page 3*
2d. **Did your (biological/adoptive) parents get divorced or permanently stop living together BEFORE you were 18?**	1 ☐ Yes 2 ☐ No – *SKIP to 2g*
e. **How old were you when they first stopped living together?**	_____ Age
f. **Which of your (biological/adoptive) parents did you live with most of the time after they stopped living together?**	1 ☐ Mother 2 ☐ Father 3 ☐ Both equally 4 ☐ Neither parent
g. **Did you ever live with a stepparent BEFORE the age of 18, including any who may have subsequently adopted you?**	1 ☐ Yes 2 ☐ No - *SKIP to 2k*
h. **How old were you when that stepparent started living with you?** *(Code earliest age if more than one stepparent.)*	_____ Age

Section 1 - BACKGROUND INFORMATION (Continued)

2i.	**Did your stepparent die before you were 18?**	1 ☐ Yes 2 ☐ No - *SKIP to 2k*
j.	**How old were you when that happened?** *(Code age at first death if more than one stepparent died.)*	_____ Age
k.	**Did either of your (biological/adoptive) parents die before you were 18?**	1 ☐ Yes 2 ☐ No - *SKIP to 3a*
l.	**How old were you when that happened?** *(Code age at first death if more than one biological/adoptive parent died.)*	_____ Age
3a.	*(SHOW FLASHCARD 4)* **What is your current marital status?**	1 ☐ Married 2 ☐ Living with someone as if married (not currently married or separated from another person) 3 ☐ Widowed 4 ☐ Divorced 5 ☐ Separated 6 ☐ Never married - *SKIP to 5a*
b.	**How many times have you been married (including your current marriage)? Do not count times when you were living with someone as if married.**	_____ Number of times 0 ☐ None - *SKIP to 5a*
CHECK ITEM 1.1A	Does number in 3b equal 1 and 3a equal 1?	1 ☐ Yes - *SKIP to 4d* 2 ☐ No
4a.	**How old were you when you got married (for the first time)?**	_____ Age
CHECK ITEM 1.1B	Does number in 3b equal 1 and 3a equal 3 or 4 or 5?	1 ☐ Yes - *SKIP to 4c* 2 ☐ No
4b.	**How did this marriage end - were you widowed or divorced from your first (husband/wife)?**	1 ☐ Widowed 2 ☐ Divorced 3 ☐ Other
c.	**How old were you when (your first/former husband/wife died/you stopped living with your first/former husband/wife)?**	_____ Age
CHECK ITEM 1.1B2	Does number marked in 3a equal 1?	1 ☐ Yes 2 ☐ No - *SKIP to 5a*
4d.	**How old were you when you and your (CURRENT) (husband/wife) got married?**	_____ Age
5a.	**How many children HAVE you EVER had, including those who are not now living? Please include adopted or foster children and any stepchildren who may have lived with you.** *Do not include stillbirths or abortions.*	_____ Number of children 0 ☐ None - *SKIP to 6a, page 4*
b.	**How old were you when your (FIRST) child was born or when your (FIRST) step, adopted or foster child began to live with you?** *Report earliest age if experienced more than 1 of these events.*	_____ Age
c.	**How old were you when your LAST child was born or when your LAST step, adopted or foster child began to live with you?** *Report latest age if experienced more than 1 of these events.*	_____ Age

Section 1 - BACKGROUND INFORMATION (Continued)

(SHOW FLASHCARD 5)

6a. **What is the highest grade or year of school that you completed?**

1 ☐ No formal schooling - *SKIP to 7a*
2 ☐ Completed grade K, 1 or 2
3 ☐ Completed grade 3 or 4
4 ☐ Completed grade 5 or 6
5 ☐ Completed grade 7
6 ☐ Completed grade 8
7 ☐ Some high school (grades 9-11)
8 ☐ Completed high school
9 ☐ Graduate equivalency degree (GED)
10 ☐ Some college (no degree)
11 ☐ Completed associate or other technical 2-year degree
12 ☐ Completed college (Bachelor's degree)
13 ☐ Some graduate or professional studies (completed Bachelor's degree but not graduate degree)
14 ☐ Completed graduate or professional degree (Master's degree or higher)

b. **How old were you at that time?**

_____ Age

(SHOW FLASHCARD 6)

7a. **Which of these statements describe your present situation?**

Mark (X) all that apply.

If more than one code applies, follow skip patterns for lowest number marked.

1 ☐ Working full time, that is, 35 hours or more per week
2 ☐ Working part time, that is, less than 35 hours per week
3 ☐ Have a job or business, but not at work because of temporary illness or injury
4 ☐ Have a job or business, but on paid vacation
5 ☐ Have a job or business, but absent from work without pay
6 ☐ Unemployed or laid off and looking for work
7 ☐ Unemployed or laid off and not looking for work
8 ☐ Unemployed and permanently disabled
9 ☐ Retired
10 ☐ In school, full time
11 ☐ In school, part time
12 ☐ Currently on summer break/holiday from school
13 ☐ Full-time homemaker
14 ☐ Something else

CHECK ITEM 1.1C Is 10 or 11 checked in 7a?

1 ☐ Yes - *SKIP to 7c*
2 ☐ No

7b. **Were you a full- or part-time student at any time in the last 12 months?** *(If necessary, ask: Was that full-time or part-time)?*

1 ☐ Yes, full-time student
2 ☐ Yes, part-time student
3 ☐ No - *SKIP to Check Item 1.1D*

(SHOW FLASHCARD 7)

c. **Where did you live when you were going to school in the last 12 months?**

(CHECK ALL THAT APPLY)

1 ☐ In parent's or relative's home
2 ☐ In dormitory or residence hall
3 ☐ In house or apartment on campus
4 ☐ In fraternity or sorority house
5 ☐ In house, apartment or room off campus
6 ☐ Other

(SHOW FLASHCARD 7A)

d. **What was your grade level last year, that is, during the 2000 and 2001 school year?**

1 ☐ High school - any grade level
2 ☐ Enrolled in graduate equivalency degree (GED) program
3 ☐ 1st year undergraduate/never attended college before
4 ☐ 1st year undergraduate/attended college before
5 ☐ 2nd year undergraduate/sophomore
6 ☐ 3rd year undergraduate/junior
7 ☐ 4th year/senior
8 ☐ 5th year/other undergraduate
9 ☐ 1st year graduate/professional
10 ☐ 2nd year graduate/professional
11 ☐ 3rd year graduate/professional or beyond
12 ☐ Other

CHECK ITEM 1.1D Is 1, 2, 3, 4 or 5 checked in 7a?

1 ☐ Yes - *SKIP to 8d*
2 ☐ No

Section 1 - BACKGROUND INFORMATION (Continued)

8a. **Did you work at any time at a JOB OR BUSINESS, either full-time or part-time, even for only a few days, in the last 12 months? Include unpaid work in a family business or farm.**

1 ☐ Yes - *SKIP to 8d*
2 ☐ No

b. **Have you ever worked for pay or as an unpaid worker in a family business or farm?**

1 ☐ Yes
2 ☐ No - *SKIP to 10a*

c. **How old were you when you last worked for pay or as an unpaid worker in a family business or farm, either full-time or part-time?**

_____ Age

d. **How old were you when you started your FIRST full-time job, that is, when you worked at least 30 hours per week for pay or without pay in a family business or farm?**

_____ Age
OR
0 ☐ Never worked 30 hours/week

9a. *(SHOW FLASHCARD 8)*

In what kind of business or industry (is your present job/was your most recent job)?

☐☐ Kind of business/industry

b. *(SHOW FLASHCARD 8A)*

What kind of work (do/did) you do on this job?

☐☐ Kind of work

(SHOW FLASHCARD 8B)

c. **Which of the following best describes where you (work/worked)?**

1 ☐ A private for-profit company, business, or individual
2 ☐ A private not-for-profit, tax exempt, or charitable organization
3 ☐ Federal government (exclude Armed Forces)
4 ☐ State government
5 ☐ Local government
6 ☐ Armed Forces
7 ☐ Unpaid in family business or farm
8 ☐ Self-employed in own business, professional practice, or farm

(SHOW FLASHCARD 9)

10a. **During the last 12 months, what was YOUR TOTAL PERSONAL income? Please report income from all jobs BEFORE taxes and other deductions and net income after business expenses. Include any tips, bonuses, overtime pay and commissions, as well as any income from pensions, dividends, interest, Social Security, alimony, child support, workman's compensation or any public assistance or welfare payments and any other money income received by you from ANY OTHER source shown on this card.**

(Round amount to nearest dollar.)

$_____

CHECK ITEM 1.2 Is 10a blank?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 1.2A*

(SHOW FLASHCARD 9A)

10b. **Can you tell me which category on this card best represents your TOTAL PERSONAL income in the last 12 months?**

0 ☐ $0 (no personal income)
1 ☐ $1 to $4,999
2 ☐ $5,000 to $7,999
3 ☐ $8,000 to $9,999
4 ☐ $10,000 to $12,999
5 ☐ $13,000 to $14,999
6 ☐ $15,000 to $19,999
7 ☐ $20,000 to $24,999
8 ☐ $25,000 to $29,999
9 ☐ $30,000 to $34,999
10 ☐ $35,000 to $39,999
11 ☐ $40,000 to $49,999
12 ☐ $50,000 to $59,999
13 ☐ $60,000 to $69,999
14 ☐ $70,000 to $79,999
15 ☐ $80,000 to $89,999
16 ☐ $90,000 to $99,999
17 ☐ $100,000 or more

CHECK ITEM 1.2A *Refer to Control Card.*

The number of related persons in this household is?

1 ☐ None - *SKIP to Check Item 1.2C*
2 ☐ One or more

Section 1 – BACKGROUND INFORMATION (Continued)

(SHOW FLASHCARD 10)

11a. **During the last 12 months, what was YOUR TOTAL COMBINED FAMILY income received from jobs, businesses, and ALL OTHER SOURCES WE JUST TALKED ABOUT? Include ONLY immediate family members living in this household and report income before taxes and other deductions or net income after business expenses for self-employed family members. Include any tips, bonuses, overtime pay or commissions.**

(Round amount to nearest dollar)

$_____

CHECK ITEM 1.2B Is 11a blank?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 1.2C*

(SHOW FLASHCARD 10A)

11b. **Can you tell me which category on this card best represents YOUR TOTAL COMBINED FAMILY income in the last 12 months?**

1 ☐ Less than $5,000
2 ☐ $5,000 to $7,999
3 ☐ $8,000 to $9,999
4 ☐ $10,000 to $12,999
5 ☐ $13,000 to $14,999
6 ☐ $15,000 to $19,999
7 ☐ $20,000 to $24,999
8 ☐ $25,000 to $29,999
9 ☐ $30,000 to $34,999
10 ☐ $35,000 to $39,999
11 ☐ $40,000 to $49,999
12 ☐ $50,000 to $59,999
13 ☐ $60,000 to $69,999
14 ☐ $70,000 to $79,999
15 ☐ $80,000 to $89,999
16 ☐ $90,000 to $99,999
17 ☐ $100,000 to $109,999
18 ☐ $110,000 to $119,999
19 ☐ $120,000 to $149,999
20 ☐ $150,000 to $199,999
21 ☐ $200,000 or more

CHECK ITEM 1.2C *Refer to Control Card.*

The number of unrelated persons in this household is?

1 ☐ None – *SKIP to 13*
2 ☐ One or more

(SHOW FLASHCARD 11)

12a. **During the last 12 months, what was YOUR TOTAL COMBINED HOUSEHOLD income received from jobs, business and ALL OTHER SOURCES mentioned earlier? Include income from all RELATED and UNRELATED household members before taxes and other deductions or report net income after business expenses for self-employed household members.**

(Round amount to nearest dollar)

$_____

CHECK ITEM 1.2D Is 12a blank?

1 ☐ Yes
2 ☐ No - *SKIP to 13*

(SHOW FLASHCARD 11A)

12b. **Can you tell me which category on this card best represents YOUR TOTAL COMBINED HOUSEHOLD income in the last year?**

1 ☐ Less than $5,000
2 ☐ $5,000 to $7,999
3 ☐ $8,000 to $9,999
4 ☐ $10,000 to $12,999
5 ☐ $13,000 to $14,999
6 ☐ $15,000 to $19,999
7 ☐ $20,000 to $24,999
8 ☐ $25,000 to $29,999
9 ☐ $30,000 to $34,999
10 ☐ $35,000 to $39,999
11 ☐ $40,000 to $49,999
12 ☐ $50,000 to $59,999
13 ☐ $60,000 to $69,999
14 ☐ $70,000 to $79,999
15 ☐ $80,000 to $89,999
16 ☐ $90,000 to $99,999
17 ☐ $100,000 to $109,999
18 ☐ $110,000 to $119,999
19 ☐ $120,000 to $149,999
20 ☐ $150,000 to $199,999
21 ☐ $200,000 or more

Section 1 - BACKGROUND INFORMATION (Continued)

13.	**Please tell me if YOU PERSONALLY RECEIVED any income during the last 12 months from any of the following sources:**	
(1)	**Did YOU receive Social Security?**	1 ☐ Yes 2 ☐ No
(2)	**Did YOU receive Supplemental Security Income (SSI)?**	1 ☐ Yes 2 ☐ No
(3)	**Did YOU receive Traditional Aid to Families with Dependent Children (TAFDC) or Employment Services Program (ESP) or Emergency Assistance Program (EA)?**	1 ☐ Yes 2 ☐ No
(4)	**Did YOU receive WIC Benefits (Women, Infants and Children Nutritional Program)?**	1 ☐ Yes 2 ☐ No
14a.	**Did YOU receive food stamps during the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to 14c*
b.	**How much did you receive in food stamps during the last 12 months?**	$_____
c.	**Are you currently covered by:**	
(1)	**Medicare?**	1 ☐ Yes 2 ☐ No
(2)	**Medicaid or (local name)?**	1 ☐ Yes 2 ☐ No
(3)	**CHAMPUS, CHAMPVA, the VA, or other military health care?**	1 ☐ Yes 2 ☐ No
(4)	**Health insurance obtained privately or through a current or former employer or union?**	1 ☐ Yes 2 ☐ No – *SKIP to 16*
16.	**In general, would you say your health is excellent, very good, good, fair or poor?**	1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor
	(SHOW FLASHCARD 11B)	
17.	**The following questions are about activities you might do during a typical day. Please tell me if your health now limits you in these activities and if so, how much.**	
(1)	**Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.**	1 ☐ Yes, limited a lot 2 ☐ Yes, limited a little 3 ☐ No, not limited at all
(2)	**Climbing several flights of stairs.**	1 ☐ Yes, limited a lot 2 ☐ Yes, limited a little 3 ☐ No, not limited at all

Section 1 - BACKGROUND INFORMATION (Continued)

(SHOW FLASHCARD 11C)

18. **During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as the result of your physical health?**

(1) **Accomplished less than you would like.**

1 ☐ All of the time
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ A little of the time
5 ☐ None of the time

(2) **Were limited in the kind of work or other activities.**

1 ☐ All of the time
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ A little of the time
5 ☐ None of the time

(SHOW FLASHCARD 11C)

19. **During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as the result of any emotional problems such as feeling depressed or anxious?**

(1) **Accomplished less than you would like.**

1 ☐ All of the time
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ A little of the time
5 ☐ None of the time

(2) **Didn't do work or other activities as carefully as usual.**

1 ☐ All of the time
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ A little of the time
5 ☐ None of the time

(SHOW FLASHCARD 11D)

20. **During the past 4 weeks, how much did pain interfere with your normal work including both work outside the home and housework?**

1 ☐ Not at all
2 ☐ A little bit
3 ☐ Moderately
4 ☐ Quite a bit
5 ☐ Extremely

(SHOW FLASHCARD 11C)

21. **The next few questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...**

(1) **Have you felt calm and peaceful?**

1 ☐ All of the time
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ A little of the time
5 ☐ None of the time

(2) **Did you have a lot of energy?**

1 ☐ All of the time
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ A little of the time
5 ☐ None of the time

(3) **Have you felt downhearted and depressed?**

1 ☐ All of the time
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ A little of the time
5 ☐ None of the time

(SHOW FLASHCARD 11C)

22. **During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends, relatives, and so forth?**

1 ☐ All of the time
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ A little of the time
5 ☐ None of the time

Section 1 - BACKGROUND INFORMATION (Continued)

23. **Can you please tell me if you have had any of the following experiences in the last 12 months?**

In the last 12 months. . .
(Repeat phrase frequently)

(1)	**Did any of your family members or close friends die?**	1 ☐ Yes 2 ☐ No
(2)	**Did any of your family members or close friends have a serious illness or injury?**	1 ☐ Yes 2 ☐ No
(3)	**Did you move or have anyone new come to live with you?**	1 ☐ Yes 2 ☐ No
(4)	**Were you fired or laid off from a job?**	1 ☐ Yes 2 ☐ No
(5)	**Were you unemployed and looking for a job for more than a month?**	1 ☐ Yes 2 ☐ No
(6)	**Have you had trouble with your boss or a coworker?**	1 ☐ Yes 2 ☐ No
(7)	**Did you change jobs, job responsibilities or work hours?**	1 ☐ Yes 2 ☐ No
(8)	**Did you get separated or divorced or break off a steady relationship?**	1 ☐ Yes 2 ☐ No
(9)	**Have you had serious problems with a neighbor, friend or relative?**	1 ☐ Yes 2 ☐ No
(10)	**Have you experienced a major financial crisis, declared bankruptcy or more than once been unable to pay your bills on time?**	1 ☐ Yes 2 ☐ No
(11)	**Did you or a family member have trouble with the police, get arrested or get sent to jail?**	1 ☐ Yes 2 ☐ No
(12)	**Were you or a family member the victim of any type of crime?**	1 ☐ Yes 2 ☐ No

24. **Please tell me your height and weight as these are important factors for this survey.**

Height

☐☐ Feet

☐☐ Inches

Weight

☐☐☐ Pounds

Section 2A - ALCOHOL CONSUMPTION

Statement B **The next questions are about drinking alcohol. This includes coolers; beer; wine; champagne; liquor such as whiskey, rum, gin, vodka, bourbon, scotch, or liqueurs; and also any other type of alcohol.**

1. **In your entire life, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 2.0 and mark as lifetime abstainer*

2. **During the last 12 months, did you have a total of at least 12 drinks of any kind of alcohol?**

1 ☐ Yes - *SKIP to Check Item 2.0 and mark as current drinker*
2 ☐ No

3. **During the last 12 months, did you have at least 1 drink of any kind of alcohol?**

1 ☐ Yes - *GO to Check Item 2.0 and mark as current drinker*
2 ☐ No - *GO to Check Item 2.0 and mark as ex-drinker*

CHECK ITEM 2.0 *Mark (X) one and ONLY one.*

1 ☐ Current drinker - *Go to Statement C*
2 ☐ Ex-drinker - *SKIP to 15, page 17*
3 ☐ Lifetime abstainer - *SKIP to Section 2D, page 29*

Statement C **The next few questions are about drinking coolers, beer, wine, and liquor during the last 12 months, that is, since last** *(Month one year ago)***. First, I'd like to ask you about coolers.**

4a. **During the last 12 months, did you drink any premixed alcoholic coolers? By coolers, I mean wine, malt or liquor-based coolers or any prepackaged cocktails with alcohol and mixer already combined in the container.**

1 ☐ Yes
2 ☐ No - *SKIP to Statement D, page 10*

(SHOW FLASHCARD 12)

b. **During the last 12 months, about how often did you drink any coolers?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year

(SHOW FLASHCARD 13)

c. **What was the size of the TYPICAL bottle, can or glass of cooler that you USUALLY drank during the last 12 months?**

1 ☐ 8-ounce (small) bottle or can
2 ☐ 12-ounce (regular) bottle or can
3 ☐ 16-ounce (large) bottle or can
4 ☐ 3-ounce glass
5 ☐ 4-ounce glass
6 ☐ 5-ounce glass
7 ☐ 6-ounce glass
8 ☐ 7-ounce glass
9 ☐ 8-ounce glass
10 ☐ 9-ounce glass
11 ☐ 12-ounce glass
12 ☐ 15-ounce glass
13 ☐ 18-ounce glass
14 ☐ Other – *Specify*

☐☐ _____
Code Size and type of container

d. **How many (units reported in 4c) of cooler did you USUALLY drink on days when you drank coolers?**

_____ Number

e. **During the last 12 months, what was the LARGEST number of (units reported in 4c) of cooler that you drank in a single day?**

_____ Number

Section 2A - ALCOHOL CONSUMPTION (Continued)

(SHOW FLASHCARD 12)

4f. **About how often during the last 12 months did you drink (largest number and units reported in 4e, page 9) in a single day?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year

(SHOW FLASHCARD 14)

g. **About how often during the last 12 months did you drink FIVE OR MORE (units reported in 4e, page 9) of cooler in a single day?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year

h. **During the last 12 months, did you USUALLY drink wine coolers, malt-based coolers, liquor-based coolers or prepackaged cocktails?**

Mark (X) one and ONLY one.

1 ☐ Wine coolers
2 ☐ Malt-based coolers
3 ☐ Liquor-based coolers
4 ☐ Prepackaged cocktails/mixed drinks

i . **During the last 12 months, did you USUALLY drink coolers in your own home, in the homes of friends or relatives or in public places such as bars, restaurants or sports arenas?**

Mark (X) one and ONLY one.

1 ☐ In own home
2 ☐ In homes of friends or relatives
3 ☐ In public places

Statement D **Now I'd like to ask you about drinking beer.**

5a. **During the last 12 months, did you drink any beer, light beer or malt liquor? Do not count nonalcoholic beers.**

1 ☐ Yes
2 ☐ No - *SKIP to Statement E, page 11*

(SHOW FLASHCARD 12)

b. **During the last 12 months, about how often did you drink any beer or malt liquor?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year

Section 2A - ALCOHOL CONSUMPTION (Continued)

(SHOW FLASHCARD 15)

5c. What was the size of the TYPICAL can, bottle, or glass of beer or malt liquor that you USUALLY drank during the last 12 months?

1 ☐ 7 or 8-ounce (pony size) can, bottle or glass
2 ☐ 10-ounce (small) can, bottle or glass
3 ☐ 12-ounce (regular size) can, bottle or glass
4 ☐ 16-ounce (large) can, bottle or glass
5 ☐ 22 to 25-ounce (extra large) can, bottle or glass
6 ☐ 40 to 45-ounce (jumbo) can or bottle
7 ☐ Mug
8 ☐ Pint
9 ☐ Pitcher
10 ☐ Other - *Specify*

☐☐ Code _____ Size and type of container

d. How many (units reported in 5c) of beer or malt liquor did you USUALLY drink on days when you drank beer?

_____ Number

e. During the last 12 months, what was the LARGEST number of (units reported in 5c) of beer or malt liquor that you drank in a single day?

_____ Number

(SHOW FLASHCARD 12)

f. About how often during the last 12 months did you drink (largest number and units reported in 5e) of beer or malt liquor in a single day?

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year

(SHOW FLASHCARD 14)

g. About how often during the last 12 months did you drink FIVE OR MORE (units reported in 5e) of beer or malt liquor in a single day?

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year

h. During the last 12 months, did you USUALLY drink regular beer, malt liquor, lite or reduced calorie beer, or ice beer?

Mark (X) one and ONLY one.

1 ☐ Regular beer
2 ☐ Malt liquor
3 ☐ Lite or reduced calorie beer
4 ☐ Ice beer

i. During the last 12 months, did you USUALLY drink beer or malt liquor in your own home, in the homes of friends or relatives or in public places such as bars, restaurants or sports arenas?

Mark (X) one and ONLY one.

1 ☐ In own home
2 ☐ In homes of friends or relatives
3 ☐ In public places

Statement E **Now I'd like to ask you about drinking wine.**

6a. During the last 12 months, did you drink any type of wine, including champagne, sparkling wine, or fortified wines such as sherry, port or sake? Do not count wine coolers.

1 ☐ Yes
2 ☐ No - *SKIP to Statement F, page 13*

Section 2A - ALCOHOL CONSUMPTION (Continued)

(SHOW FLASHCARD 12)

6b. **During the last 12 months, about how often did you drink any type of wine?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year

(SHOW FLASHCARD 16)

c. **What was the size of the TYPICAL glass or bottle of wine that you USUALLY drank during the last 12 months? Please do not include the amount of any soda or ice that may have been added.**

1 ☐ 3-ounce glass
2 ☐ 4-ounce glass
3 ☐ 5-ounce glass
4 ☐ 6-ounce glass
5 ☐ 7-ounce glass
6 ☐ 8-ounce glass
7 ☐ 9-ounce glass
8 ☐ 12-ounce glass
9 ☐ 15-ounce glass
10 ☐ 18-ounce glass
11 ☐ 187 ml. individual serving bottle (usually sold in 4-packs)
12 ☐ 375 ml. bottle (half bottle of wine) or ½ carafe
13 ☐ 750 ml. bottle (regular size wine bottle) or full carafe
14 ☐ Other - *Specify*

☐☐ Code _____ Size and type of container

d. **How many (units reported in 6c) of wine did you USUALLY drink on days when you drank wine?**

_____ Number

e. **During the last 12 months, what was the LARGEST number of (units reported in 6c) of wine that you drank in a single day?**

_____ Number

(SHOW FLASHCARD 12)

f. **About how often during the last 12 months did you drink (largest number and units reported in 6e) of wine in a single day?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year

(SHOW FLASHCARD 14)

g. **About how often during the last 12 months did you drink FIVE OR MORE (units reported in 6e) of wine in a single day?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year

h. **During the last 12 months, did you USUALLY drink wine in your own home, in the homes of friends or relatives or in public places such as bars, restaurants or sports arenas?**

Mark (X) one and ONLY one.

1 ☐ In own home
2 ☐ In homes of friends or relatives
3 ☐ In public places

Section 2A - ALCOHOL CONSUMPTION (Continued)

6i. **During the last 12 months, did you USUALLY drink regular wine, champagne or sparkling wine, fortified wine such as sherry, port or sake, or low-alcohol fruit-flavored wine?**

Mark (X) one and ONLY one.

1 ☐ Regular wine
2 ☐ Champagne or sparkling wine
3 ☐ Fortified wine (including sherry, port, sake)
4 ☐ Low-alcohol fruit-flavored wine

Statement F **The next questions are about drinking liquor, such as whiskey, rum, gin, vodka, bourbon, scotch, or liqueurs.**

7a. **During the last 12 months, did you drink any liquor, including mixed drinks and liqueurs? Do not count liquor-based coolers or premixed cocktails that you may have told me about earlier.**

1 ☐ Yes
2 ☐ No - *SKIP to Statement G, page 14*

(SHOW FLASHCARD 12)

b. **During the last 12 months, about how often did you drink any liquor?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year

(SHOW FLASHCARD 17)

c. **How much liquor did you USUALLY have in a drink? Please do not include the amount of any soda, water, ice, cola, or juice that may have been added to your drink.**

1 ☐ 1 shot or ounce
2 ☐ 1 jigger
3 ☐ Mini-bottle (type sold on airplanes)
4 ☐ 1½ shots or ounces
5 ☐ 2 shots or ounces (double)
6 ☐ 2 jiggers
7 ☐ 3 shots or ounces (triple)
8 ☐ 3 jiggers
9 ☐ 4 shots or ounces
10 ☐ 4 jiggers
11 ☐ ½ pint
12 ☐ Pint
13 ☐ Quart
14 ☐ Fifth
15 ☐ ½ gallon
16 ☐ Other - *Specify*

☐☐ Code _____ Size and type of container

d. **How many (drinks of this size/units reported in 7c) of liquor did you USUALLY drink on days when you drank liquor?**

_____ Number

e. **During the last 12 months, what was the LARGEST number of (drinks of this size/units reported in 7c) of liquor that you drank in a single day?**

_____ Number

f. *(SHOW FLASHCARD 12)*

About how often during the last 12 months did you drink (largest number and units reported in 7e) of liquor in a single day?

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year

Section 2A - ALCOHOL CONSUMPTION (Continued)

7g. *(SHOW FLASHCARD 14)*

About how often during the last 12 months did you drink FIVE OR MORE (units reported in 7e, page 13) of liquor in a single day?

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year

h. **During the last 12 months, did you USUALLY drink 80-proof liquor or brandy, 100-proof liquor or liqueurs or cordials?**

Mark (X) one and ONLY one.

1 ☐ 80-proof liquor/brandy
2 ☐ 100-proof liquor
3 ☐ Liqueurs or cordials

i. **During the last 12 months, did you USUALLY drink liquor in your own home, in the homes of friends or relatives or in public places such as bars, restaurants or sports arenas?**

Mark (X) one and ONLY one.

1 ☐ In own home
2 ☐ In homes of friends or relatives
3 ☐ In public places

Statement G **These next questions are about ANY alcoholic beverages that you drank during the last 12 months, that is, about all types of alcoholic drinks combined, including any types we may not have mentioned.**

(SHOW FLASHCARD 12)

8a. **During the last 12 months, about how often did you drink ANY alcoholic beverage?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year

b. **Counting all types of alcohol combined, how many drinks did you USUALLY have on days when you drank during the last 12 months?**

_____ Number

c. **During the last 12 months, what was the LARGEST number of drinks that you drank in a single day?**

_____ Number

(SHOW FLASHCARD 12)

d. **About how often during the last 12 months did you drink (number of drinks reported in 8a) in a single day?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year

(SHOW FLASHCARD 14)

e. **During the last 12 months, about how often did you drink FIVE OR MORE drinks in a single day?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year

Section 2A - ALCOHOL CONSUMPTION (Continued)

CHECK ITEM 2.5 What is the sex of respondent?

1 ☐ Male - *SKIP to 10*
2 ☐ Female

(SHOW FLASHCARD 14)

9. During the last 12 months, about how often did you drink FOUR OR MORE drinks in a single day?

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year

(SHOW FLASHCARD 14)

10. During the last 12 months, about how often did you drink enough to feel intoxicated or drunk, that is, when your speech was slurred, you felt unsteady on your feet, or you had blurred vision?

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year

11. How many drinks can you hold WITHOUT feeling intoxicated or drunk?

_____ Number

(SHOW FLASHCARD 14)

12. During the last 12 months, how often did you . . .

a. Drink before 3 p.m. on any day of the week?

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year

b. Drink after midnight on any day of the week?

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year

c. Drink when you were at home alone?

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year

Section 2A - ALCOHOL CONSUMPTION (Continued)

(SHOW FLASHCARD 14)

12. During the last 12 months, how often did you. . .

d. Drink in public places such as bars, restaurants or arenas?

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year

e. Drink at two or more separate times during the same day, for example if you drank at lunch, stopped drinking during the afternoon and drank again in the evening?

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year

f. Drive a car or another motor vehicle such as a motorcycle, boat, jet ski, or skimobile after having had 3 or more drinks?

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year

14. You just told me how much and how often you drank in the last 12 months. For how many years have you been drinking about this amount with this frequency?
Round up to nearest whole year.

_____ Year(s)

15. How long has it been since you last had a drink of any kind of beer, wine, liquor or cooler?

_____ Hour(s) ago
OR
_____ Day(s) ago
OR
_____ Week(s) ago
OR
_____ Month(s) ago
OR
_____ Year(s) ago

16a. About how old were you when you first started drinking, not counting small tastes or sips of alcohol?

_____ Age

b. About how old were you when you first started drinking at least once a week?

_____ Age

0 ☐ Never drank at least once a week

17. Has there ever been a period of at least one year when you drank more heavily than in the past 12 months?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 2.5A, page 17*

18. Was there ever any one year period during your life when you had a total of at least 12 drinks of any kind of alcohol?

1 ☐ Yes
2 ☐ No

Section 2A - ALCOHOL CONSUMPTION (Continued)

19. **Thinking about the period in your life when you drank the most, about how old were you when that period began?**	_____ Age
20. **About how many years did that period last?**	_____ Year(s)
(SHOW FLASHCARD 18) **21a.** **During that period when you drank the most, about how often did you drink?**	1 ☐ Every day 2 ☐ Nearly every day 3 ☐ 3 to 4 times a week 4 ☐ 2 times a week 5 ☐ Once a week 6 ☐ 2 to 3 times a month 7 ☐ Once a month 8 ☐ 7 to 11 times a year 9 ☐ 3 to 6 times a year 10 ☐ 1 or 2 times a year
b. **Counting all types of alcohol combined, how many drinks did you USUALLY have on days when you drank during that period?**	_____ Number
c. **During that period when you drank the most, what was the LARGEST number of drinks that you drank in a single day?**	_____ Number
(SHOW FLASHCARD 18) **d.** **About how often during that period did you drink (number of drinks reported in 21c) in a single day?**	1 ☐ Every day 2 ☐ Nearly every day 3 ☐ 3 to 4 times a week 4 ☐ 2 times a week 5 ☐ Once a week 6 ☐ 2 to 3 times a month 7 ☐ Once a month 8 ☐ 7 to 11 times a year 9 ☐ 3 to 6 times a year 10 ☐ 1 or 2 times a year
(SHOW FLASHCARD 19) **22.** **During that period when you drank the most, about how often did you drink FIVE OR MORE drinks in a single day?**	1 ☐ Every day 2 ☐ Nearly every day 3 ☐ 3 to 4 times a week 4 ☐ 2 times a week 5 ☐ Once a week 6 ☐ 2 to 3 times a month 7 ☐ Once a month 8 ☐ 7 to 11 times a last year 9 ☐ 3 to 6 times a year 10 ☐ 1 or 2 times a year 11 ☐ Never
23. **During that period, what was the MAIN type of alcohol you drank: coolers, beer, wine or liquor?** *Mark (X) one and ONLY one.*	1 ☐ Coolers 2 ☐ Beer 3 ☐ Wine 4 ☐ Liquor
CHECK ITEM 2.5A *Refer to Check Item 2.0.* Is respondent a current drinker or ex-drinker?	1 ☐ Current drinker - *Go to 1a, page 19, and ask columns a – e as appropriate* 2 ☐ Ex-drinker – *Go to 1a, page 19, and ask column a only*

Section 2A - ALCOHOL CONSUMPTION (Continued)

NOTES

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Section 2B - ALCOHOL EXPERIENCES

1a. I'm going to read you a list of experiences that many people have reported in connection with their drinking. As I read each experience, please tell me if this has EVER happened to you.

In your ENTIRE LIFE, did you EVER ... *(PAUSE)*
(Repeat phrase frequently)

		1a.	b. Did this happen in the last 12 months?
(1)	**Find that your usual number of drinks had much less effect on you than it once did?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(2)	**Find that you had to drink much more than you once did to get the effect you wanted?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(3)	**Drink as much as a fifth of liquor in one day, that would be about 20 drinks, or 3 bottles of wine, or as much as 3 six-packs of beer in a single day?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(4)	**Increase your drinking because the amount you used to drink didn't give you the same effect anymore?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(5)	**More than once want to stop or cut down on your drinking?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(6)	**More than once TRY to stop or cut down on your drinking but found you couldn't do it?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(7)	**Have a period when you ended up drinking more than you meant to?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(8)	**Have a period when you kept on drinking for longer than you had intended to**?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(9)	**The next few questions are about the bad aftereffects of drinking that people may have when the effects of alcohol are wearing off. This includes the morning after drinking or in the first few days after stopping or cutting down. Did you EVER...**		
(a)	**Have trouble falling asleep or staying asleep (when the effects of alcohol were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(b)	**Find yourself shaking (when the effects of alcohol were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(c)	**Feel anxious or nervous (when the effects of alcohol were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(d)	**Feel sick to your stomach or vomit (when the effects of alcohol were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(e)	**Feel more restless than is usual for you (when the effects of alcohol were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(f)	**Find yourself sweating or your heart beating fast (when the effects of alcohol were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(g)	**See, feel, or hear things that weren't really there (when the effects of alcohol were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(h)	**Have fits or seizures (when the effects of alcohol were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience, page 21*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*

Section 2B - ALCOHOL EXPERIENCES (Continued)

c. Did this happen before 12 months ago, that is before last *(Month one year ago)*?	d.	e.
1 ☐ Yes - *Mark Box A1* 2 ☐ No - *Go to next experience*	**A1** 1☐ **Had to drink much more to get an effect or drank an equivalent of a fifth of liquor**	
1 ☐ Yes - *Mark Box A1* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box A1* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box A1* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box A2* 2 ☐ No - *Go to next experience*	**A2** 1☐ **Wanted or tried to stop or cut down on your drinking**	
1 ☐ Yes - *Mark Box A2* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box A3* 2 ☐ No - *Go to next experience*	**A3** 1☐ **Drank more or longer than you meant to**	
1 ☐ Yes - *Mark Box A3* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box A4-1* 2 ☐ No - *Go to next experience*	**A4-1** 1☐ **Had bad aftereffects after drinking, cutting down or stopping**	
1 ☐ Yes - *Mark Box A4-1* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box A4-1* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box A4-1* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box A4-1* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box A4-1* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box A4-1* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box A4-1* 2 ☐ No - *Go to next experience, page 21*		

Section 2B - ALCOHOL EXPERIENCES (Continued)

1a. In your entire life, did you EVER... *(PAUSE)* *(Repeat phrase frequently)*		**b.** Did this happen in the last 12 months?
(i) **Have very bad headaches (when the effects of alcohol were wearing off)?**	1 ☐ Yes → 2 ☐ No - *SKIP to Check Item 2.6*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
CHECK ITEM 2.6 Are at least 2 items marked in column b, 9(a) - 9(i)?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 2.7*	
(j) **You just mentioned that you experienced some bad physical aftereffects of drinking in the last 12 months. Were any of these bad aftereffects uncomfortable or upsetting to you or did they cause problems in your life - like at work or school or with family or friends?**		1 ☐ Yes 2 ☐ No } *Go to Check Item 2.7*
CHECK ITEM 2.7 Are at least 2 items marked in column c, 9(a) - 9(i)?	1 ☐ Yes 2 ☐ No - *SKIP to (10)*	
(k) **You just mentioned that you experienced some bad physical aftereffects of drinking BEFORE 12 months ago. Were any of these bad aftereffects uncomfortable or upsetting to you or did they cause problems in your life - like at work or school or with family and friends?**		
(10) **Take a drink or use any drug or medicine, other than aspirin, Advil or Tylenol, to GET OVER any of the bad aftereffects of drinking?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(11) **Take a drink or use any drug or medicine, other than aspirin, Advil or Tylenol, to KEEP FROM having any of these bad aftereffects of drinking?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(12) **Have a period when you spent a lot of time drinking?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(13) **Have a period when you spent a lot of time being sick or getting over the bad aftereffects of drinking?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(14) **Give up or cut down on activities that were important to you in order to drink - like work, school, or associating with friends or relatives?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(15) **Give up or cut down on activities that you were interested in or that gave you pleasure in order to drink?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(16) **Continue to drink even though you knew it was making you feel depressed, uninterested in things, or suspicious or distrustful of other people?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(17) **Continue to drink even though you knew it was causing you a health problem or making a health problem worse?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(18) **Continue to drink even though you had experienced a prior blackout, that is, awakened the next day not being able to remember some of the things you did while drinking or after drinking?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(19) **Have a period when your drinking or being sick from drinking often interfered with taking care of your home or family?**	1 ☐ Yes → 2 ☐ No - *Go to next experience, page 23*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*

Section 2B - ALCOHOL EXPERIENCES (Continued)

c. Did this happen before 12 months ago, that is before last *(Month one year ago)*?	d.	e.
1 ☐ Yes - *Mark Box A4-1* 2 ☐ No - *Go to Check Item 2.6*	**A4-1** 1☐ **Had bad aftereffects after stopping or cutting down on your drinking**	
1 ☐ Yes } *Go to next* 2 ☐ No } *experience*		
1 ☐ Yes - *Mark Box A4-2* 2 ☐ No - *Go to next experience*	**A4-2** 1☐ **Took a drink, medicine or drug to get over or avoid the bad aftereffects of drinking**	
1 ☐ Yes - *Mark Box A4-2* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box A5* 2 ☐ No - *Go to next experience*	**A5** 1☐ **Spent a lot of time drinking or getting over being sick from drinking**	
1 ☐ Yes - *Mark Box A5* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box A6* 2 ☐ No - *Go to next experience*	**A6** 1☐ **Gave up or cut down on activities that were important to you in order to drink**	
1 ☐ Yes - *Mark Box A6* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box A7* 2 ☐ No - *Go to next experience*	**A7** 1☐ **Drank even though it affected your mood or health**	
1 ☐ Yes - *Mark Box A7* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box A7* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box B1* 2 ☐ No - *Go to next experience, page 23*		**B1** 1☐ **Were drunk or hung over when you were supposed to be doing something important**

Section 2B - ALCOHOL EXPERIENCES (Continued)

	1a. In your entire life, did you EVER... *(PAUSE)* *(Repeat phrase frequently)*		**b. Did this happen in the last 12 months?**
(20)	**Have job or school troubles because of your drinking or being sick from drinking - like missing too much work, not doing your work well, being demoted or losing a job, or being suspended, expelled or dropping out of school?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(21)	**More than once drive a car or other vehicle WHILE you were drinking?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(22)	**More than once ride in a car or other vehicle as a passenger WHILE the driver was drinking?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(23)	**More than once drive a car, motorcycle, truck, boat, or other vehicle after having too much to drink?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(24)	**Get into situations while drinking or after drinking that increased your chances of getting hurt - like swimming, using machinery, or walking in a dangerous area or around heavy traffic?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(25)	**Continue to drink even though you knew it was causing you trouble with your family or friends?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(26)	**Get into physical fights while drinking or right after drinking?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(27)	**Get arrested, held at a police station, or have any other legal problems because of your drinking?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(28)	**Find that you could drink much LESS than you once did to get the effect you wanted?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(29)	**Ride in a car as a passenger while you were drinking?**	1 ☐ Yes → 2 ☐ No - *Go to Check Item 2.8, Page 25*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*

Section 2B - ALCOHOL EXPERIENCES (Continued)

c. Did this happen before 12 months ago, that is before last *(Month one year ago)*?	d.	e.
1 ☐ Yes - *Mark Box B1* 2 ☐ No - *Go to next experience*		**B1** 1☐ **Were drunk or hung over when you were supposed to be doing something important**
1 ☐ Yes 2 ☐ No } *Go to next experience*		**B2** 1☐ **Were in a situation while drinking or after drinking where you could have been hurt**
1 ☐ Yes - *Mark Box B2* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box B2* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box B2* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box B3* 2 ☐ No - *Go to next experience*		**B3** 1☐ **Drank even though it affected your relationships with other people**
1 ☐ Yes - *Mark Box B3* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box B4* 2 ☐ No - *Go to next experience*		**B4** 1☐ **Got arrested or had legal problems as the result of your drinking**
1 ☐ Yes 2 ☐ No } *Go to next Experience*		
1 ☐ Yes 2 ☐ No } *Go to Check Item 2.8, page 25*		

Section 2B - ALCOHOL EXPERIENCES (Continued)

CHECK ITEM 2.8 Are there **AT LEAST 3 BOXES** marked for A1 - A7 in 1, column d, pages 20 - 22?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 2.10*

2a. **You mentioned that before 12 months ago, you...** *(Read **ALL** summary statements marked in Boxes **A1 - A7** in 1, column d).*

Before last *(Month one year ago)***, was there EVER a period when SOME of these experiences were happening around the same time ON AND OFF FOR A FEW MONTHS OR LONGER?**

1 ☐ Yes - *SKIP to 2d*
2 ☐ No

b. **Before last** *(Month one year ago)***, was there EVER a period when SOME of these experiences were happening around the same time MOST DAYS FOR AT LEAST A MONTH?**

1 ☐ Yes - *SKIP to 2d*
2 ☐ No

c. **Before last** *(Month one year ago)***, was there EVER a period when SOME of these experiences happened within the same 1-year period?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 2.10*

d. **About how old were you the FIRST time SOME of these experiences BEGAN to happen around the same time?**

_____ Age

e. **In your ENTIRE LIFE, how many separate periods like this did you have when SOME of these experiences were happening around the same time?**

By separate periods, I mean times that were separated by at least 1 year when you EITHER STOPPED drinking entirely *(PAUSE)* **OR you didn't have any of the experiences you mentioned with alcohol at all.**

_____ Number

CHECK ITEM 2.8A Is number entered in 2e, 2 or more or unknown?

1 ☐ Yes
2 ☐ No - *SKIP to 2h*

2f. **What was the LONGEST period you had when SOME of these experiences were happening around the same time?**

_____ Month(s)
OR
_____ Year(s)

g. **How old were you the MOST RECENT time SOME of these experiences BEGAN to happen around the same time?**

_____ Age - *SKIP to Check Item 2.9*

h. **How long did this period last when SOME of these experiences were happening around the same time?**

_____ Month(s)
OR
_____ Year(s)

CHECK ITEM 2.9 Is at least 1 item marked in 1, column b, items (1) - (27), pages 19 - 23?

1 ☐ Yes - *SKIP to Check Item 2.10*
2 ☐ No

2i. **About how old were you when you FINALLY STOPPED having ANY of these experiences with alcohol? By finally stopped, I mean they never started happening again.**

_____ Age

CHECK ITEM 2.10 Is at least 1 Box marked for B1 - B4 in 1, column e, pages 22 - 24?

1 ☐ Yes
2 ☐ No - *SKIP to Section 2C, page 27*

3a. **Now I'd like to know a little more about a (SMALL/ SMALLER) GROUP of drinking experiences that you had in the past, that is, before 12 months ago.**

You mentioned that before 12 months ago, you... *(Read summary statement(s) marked in **Boxes B1 - B4** in 1, column e, pages 22 - 24).*

About how old were you the first time AT LEAST ONE of these experiences BEGAN to happen?

_____ Age

Section 2B - ALCOHOL EXPERIENCES (Continued)

3b. **In your ENTIRE LIFE, how many separate periods like this did you have when any of these experiences were happening?** **By separate periods, I mean times that were separated by at least 1 year when you EITHER STOPPED drinking entirely** *(PAUSE)* **OR you didn't have any of this SMALLER GROUP of experiences you mentioned with alcohol at all.**	_____ Number
CHECK ITEM 2.10A Is number entered in 3b, 2 or more or unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 3e*
3c. **What was the LONGEST period you had like this?**	_____ Month(s) OR _____ Year(s)
d. **How old were you the MOST RECENT time this BEGAN to happen?**	_____ Age - *SKIP to Check Item 2.11*
e. **How long did this period last?**	_____ Month(s) OR _____ Year(s)
CHECK ITEM 2.11 Is at least 1 item marked in 1, column b, items 19 - 21, 23 - 27, pages 21 - 23?	1 ☐ Yes - *SKIP to Section 2C, page 27* 2 ☐ No
3f. **About how old were you when you FINALLY STOPPED having ANY of these experiences with alcohol? By finally stopped, I mean they never started happening again.**	_____ Age

Section 2C - TREATMENT UTILIZATION

1. **Have you ever gone anywhere or seen anyone for a reason that was related in any way to your drinking - a physician, counselor, Alcoholics Anonymous, or any other community agency or professional?**

1 ☐ Yes
2 ☐ No - *SKIP to 4a, page 28*

2a. **I am going to read you a list of community agencies and professionals. For each one, please tell me if you have ever gone there for any reason related to your drinking.**

In your entire life, did you EVER go to (a/an) ...
(Repeat phrase frequently)

		b. **Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?**
(1) **Alcoholics Anonymous, Narcotics or Cocaine Anonymous meeting, or any 12-step meeting?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(2) **Family services or other social service agency?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(3) **Alcohol or drug detoxification ward or clinic?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(4) **Inpatient ward of a psychiatric or general hospital or community mental health program?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(5) **Outpatient clinic, including outreach programs and day or partial patient programs?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(6) **Alcohol or drug rehabilitation program?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(7) **Emergency room for any reason related to your drinking?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(8) **Halfway house, including therapeutic communities?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(9) **Crisis Center for any reason related to your drinking?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(10) **Employee Assistance Program (EAP)?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(11) **Clergyman, priest, or rabbi for any reason related to your drinking?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(12) **Private physician, psychiatrist, psychologist, social worker, or any other professional?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(13) **Any other agency or professional?**	1 ☐ Yes → 2 ☐ No - *Go to 3a, page 28*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods

Section 2C - TREATMENT UTILIZATION (Continued)

3a.	**How old were you the FIRST time you went anywhere or saw anyone for help with your drinking?**	_____ Age
b.	**How old were you the MOST RECENT time you went anywhere or saw anyone for help with your drinking?**	_____ Age OR 0 ☐ Happened only once
4a.	**Was there ever a time when you thought you should see a doctor, counselor, or other health professional or seek any other help for your drinking, but you didn't go?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 2D, page 29*
b.	**Did this happen during the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to 4d*
c.	**Did this happen before 12 months ago, that is, before last** *(Month one year ago)***?**	1 ☐ Yes 2 ☐ No
d.	*(SHOW FLASHCARD 20)* **What were your reasons for not getting help?** *(Check all that apply.)*	1 ☐ Wanted to go, but health insurance didn't cover 2 ☐ Didn't think anyone could help 3 ☐ Didn't know any place to go for help 4 ☐ Couldn't afford to pay the bill 5 ☐ Didn't have any way to get there 6 ☐ Didn't have time 7 ☐ Thought the problem would get better by itself 8 ☐ Was too embarrassed to discuss it with anyone 9 ☐ Was afraid of what my boss, friends, family, or others would think 10 ☐ Thought it was something I should be strong enough to handle alone 11 ☐ Was afraid they would put me into the hospital 12 ☐ Was afraid of the treatment they would give me 13 ☐ Hated answering personal questions 14 ☐ The hours were inconvenient 15 ☐ A member of my family objected 16 ☐ My family thought I should go but I didn't think it was necessary 17 ☐ Can't speak English very well 18 ☐ Was afraid I would lose my job 19 ☐ Couldn't arrange for child care 20 ☐ Had to wait too long to get into a program 21 ☐ Wanted to keep drinking or got drunk 22 ☐ Didn't think drinking problem was serious enough 23 ☐ Didn't want to go 24 ☐ Stopped drinking on my own 25 ☐ Friends or family helped me stop drinking 26 ☐ Tried getting help before and it didn't work 27 ☐ Other reason

Section 2D - FAMILY HISTORY

Statement H

Now I would like to ask you some questions about whether any of your relatives, regardless of whether or not they are now living, have EVER been alcoholics or problem drinkers. By alcoholic or problem drinker, I mean a person who has physical or emotional problems because of drinking *(PAUSE)***; problems with a spouse, family, or friends because of drinking** *(PAUSE)***; problems at work or school because of drinking** *(PAUSE)***; problems with the police because of drinking - like drunk driving** *(PAUSE)* **or a person who seems to spend a lot of time drinking or being hungover.** *(Repeat definition frequently.)*

1. **Has your blood or natural father been an alcoholic or problem drinker at ANY time in his life?**

1 ☐ Yes
2 ☐ No
99 ☐ DK

2. **Has your blood or natural mother been an alcoholic or problem drinker at ANY time in her life?**

1 ☐ Yes
2 ☐ No
99 ☐ DK

3a. **How many full brothers have you had who lived to be at least 10 years old, including those who are still living? By full brothers, I mean brothers who have the same natural mother AND the same natural father as you do.**

_____ Number
0 ☐ None
99 ☐ DK
} *SKIP to 4a*

CHECK ITEM 2.12 Is number marked in 3a equal to 1?

1 ☐ Yes
2 ☐ No - *SKIP to 3c*

3b. **Was your full brother an alcoholic or problem drinker at ANY time in his life?**

1 ☐ Yes
2 ☐ No
99 ☐ DK
} *SKIP to 4a*

c. **How many of your full brothers are now, or were in the past, alcoholics or problem drinkers?**

_____ Number

4a. **How many full sisters have you had who lived to be at least 10 years old, including those who are still living? By full sisters, I mean sisters who have the same natural mother AND the same natural father as you do.**

_____ Number
0 ☐ None
99 ☐ DK
} *SKIP to 5a*

CHECK ITEM 2.13 Is number marked in 4a equal to 1?

1 ☐ Yes
2 ☐ No- *SKIP to 4c*

4b. **Was your full sister an alcoholic or problem drinker at ANY time in her life?**

1 ☐ Yes
2 ☐ No
99 ☐ DK
} *SKIP to 5a*

c. **How many of your full sisters are now, or were in the past, alcoholics or problem drinkers?**

_____ Number

5a. **How many natural sons have you had who lived to be at least 10 years old, including those who are still living? By natural, I mean those who you (biologically fathered/gave birth to.)**

_____ Number
0 ☐ None
99 ☐ DK
} *SKIP to 6a, page 30*

CHECK ITEM 2.14 Is number marked in 5a equal to 1?

1 ☐ Yes
2 ☐ No - *SKIP to 5c*

5b. **Was your natural son an alcoholic or problem drinker at ANY time in his life?**

1 ☐ Yes
2 ☐ No
99 ☐ DK
} *SKIP to 6a, page 30*

c. **How many of your natural sons are now, or were in the past, alcoholics or problem drinkers?**

_____ Number

Section 2D - FAMILY HISTORY (Continued)

6a. **How many natural daughters have you had who lived to be at least 10 years old, including those who are still living? By natural daughters, I mean those who you (biologically fathered/gave birth to).**

_____ Number

0 ☐ None
99 ☐ DK
} *SKIP to 7a*

CHECK ITEM 2.15 Is number marked in 6a equal to 1?

1 ☐ Yes
2 ☐ No – *SKIP to 7c*

6b. **Was your natural daughter an alcoholic or problem drinker at ANY time in her life?**

1 ☐ Yes
2 ☐ No
99 ☐ DK
} *SKIP to 7a*

c. **How many of your natural daughters are now, or were in the past, alcoholics or problem drinkers?**

_____ Number

7a. **How many full brothers did your natural father have who lived to be at least 10 years old, including those who are still alive? By full brothers, I mean those who had the SAME TWO natural or blood parents as your father.**

_____ Number

0 ☐ None
99 ☐ DK
} *SKIP to 8a*

CHECK ITEM 2.16 Is number marked in 7a equal to 1?

1 ☐ Yes
2 ☐ No – *SKIP to 7c*

7b. **Was your natural father's full brother an alcoholic or problem drinker at ANY time in his life?**

1 ☐ Yes
2 ☐ No
99 ☐ DK
} *SKIP to 8a*

c. **How many of your natural father's full brothers are now, or were in the past, alcoholics or problem drinkers?**

_____ Number

8a. **How many full sisters did your natural father have who lived to be at least 10 years old, including those who are still living? By full sisters, I mean those who had the SAME TWO natural or blood parents as your father.**

_____ Number

0 ☐ None
99 ☐ DK
} *SKIP to 9a*

CHECK ITEM 2.17 Is number marked in 8a equal to 1?

1 ☐ Yes
2 ☐ No – *SKIP to 8c*

8b. **Was your natural father's full sister an alcoholic or problem drinker at ANY time in her life?**

1 ☐ Yes
2 ☐ No
99 ☐ DK
} *SKIP to 9a*

c. **How many of your natural father's full sisters are now, or were in the past, alcoholics or problem drinkers?**

_____ Number

9a. **How many full brothers did your natural mother have who lived to be at least 10 years old, including those who are still living? By full brothers, I mean those who had the SAME TWO natural or blood parents as your mother.**

_____ Number

0 ☐ None
99 ☐ DK
} *SKIP to 10a*

CHECK ITEM 2.18 Is number marked in 9a equal to 1?

1 ☐ Yes
2 ☐ No - *SKIP to 9c*

9b. **Was your natural mother's full brother an alcoholic or problem drinker at ANY time in his life?**

1 ☐ Yes
2 ☐ No
99 ☐ DK
} *SKIP to 10a*

c. **How many of your natural mother's full brothers are now, or were in the past, alcoholics or problem drinkers?**

_____ Number

10a. **How many full sisters did your natural mother have who lived to be at least 10 years old, including those who are still living? By full sisters, I mean those who had the SAME TWO natural or blood parents as your mother.**

_____ Number

0 ☐ None
99 ☐ DK
} *SKIP to 11, page 31*

Section 2D - FAMILY HISTORY (Continued)

CHECK ITEM 2.19 Is number marked in 10a equal to 1?	1 ☐ Yes 2 ☐ No - *SKIP to 10c*
10b. **Was your natural mother's full sister an alcoholic or problem drinker at ANY time in her life?**	1 ☐ Yes 2 ☐ No 99 ☐ DK } *SKIP to 11*
c. **How many of your natural mother's full sisters are now, or were in the past, alcoholics or problem drinkers?**	_____ Number
11. **Was your natural grandfather on your father's side an alcoholic or problem drinker at ANY time in his life? By natural grandfather on your father's side, I mean your father's natural or blood father.**	1 ☐ Yes 2 ☐ No 99 ☐ DK
12. **Was your natural grandmother on your father's side an alcoholic or problem drinker at ANY time in her life? By natural grandmother on your father's side, I mean your father's natural or blood mother.**	1 ☐ Yes 2 ☐ No 99 ☐ DK
13a. **Was your natural grandfather on your mother's side an alcoholic or problem drinker at ANY time in his life? By natural grandfather on your mother's side, I mean your mother's natural or blood father.**	1 ☐ Yes 2 ☐ No 99 ☐ DK
b. **Was your natural grandmother on your mother's side an alcoholic or problem drinker at ANY time in her life? By natural grandmother on your mother's side, I mean your mother's natural or blood mother.**	1 ☐ Yes 2 ☐ No 99 ☐ DK
CHECK ITEM 2.19A Is "1" marked in 2c, Section 1, page 2?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 2.20A*
14a. **Was your adoptive father an alcoholic or problem drinker at ANY time in his life?**	1 ☐ Yes 2 ☐ No
b. **Was your adoptive mother an alcoholic or problem drinker at ANY time in her life?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 2.20A *Refer to 3a and 3b, Section 1, page 3.* Is respondent never married? (3a=6 or 3b=0)	1 ☐ Yes - *SKIP to 18, page 32* 2 ☐ No
15. **Were you EVER married to an alcoholic or problem drinker?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 2.20C, page 32*
CHECK ITEM 2.20B *Refer to 3a, Section 1, page 3.* Is respondent currently married? (Code 1)	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 2.20C, page 32*
16. **Is that your current (husband/wife)?**	1 ☐ Yes 2 ☐ No - *SKIP to 18, page 32*
17. **Would you say that (he/she) is an alcoholic or problem drinker at this time?**	1 ☐ Yes 2 ☐ No } *SKIP to 18, page 32*

Section 2D - FAMILY HISTORY (Continued)

CHECK ITEM 2.20C *Refer to 3a, Section 1, page 3.* Is respondent currently living with someone as if married? (Code 2)	1 ☐ Yes - *SKIP to 19* 2 ☐ No
18. Did you EVER live with someone as if you were married?	1 ☐ Yes 2 ☐ No - *SKIP to Section 3A, page 33*
19. Did you EVER live as if married with someone who was an alcoholic or problem drinker?	1 ☐ Yes 2 ☐ No - *SKIP to Section 3A, page 33*
CHECK ITEM 2.21 *Refer to 3a, Section 1, page 3.* Is respondent currently living with someone as if married? (Code 2)	1 ☐ Yes 2 ☐ No - *SKIP to Section 3A, page 33*
20. Is that the person you live with now?	1 ☐ Yes 2 ☐ No - *SKIP to Section 3A, page 33*
21. Would you say that (he/she) is an alcoholic or problem drinker at this time?	1 ☐ Yes 2 ☐ No } *Go to Section 3A, page 33*

Section 3A - TOBACCO USE

Statement I **Now I'd like to ask you about your experiences with tobacco.**

1a. **In your ENTIRE LIFE, have you ever. . .** **Smoked at least 100 cigarettes?**	1 ☐ Yes 2 ☐ No
b. **Smoked at least 50 cigars?**	1 ☐ Yes 2 ☐ No
c. **Smoked a pipe at least 50 times?**	1 ☐ Yes 2 ☐ No
d. **Used snuff, such as Skoal, Skoal Bandit or Copenhagen at least 20 times?**	1 ☐ Yes 2 ☐ No
e. **Used chewing tobacco, such as Redman, Levi Garrett or Beechnut at least 20 times?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 3.1 Is at least 1 category marked in a - e above?	1 ☐ Yes 2 ☐ No - *SKIP to Section 3B, page 39*

For each tobacco category reported in 1, MARK EACH TOBACCO CATEGORY CODE BOX and ask 2 through 7 for each tobacco category marked.	1 ☐ Cigarettes	2 ☐ Cigars	3 ☐ Pipe	4 ☐ Snuff	5 ☐ Chewing Tobacco
2a. **(About how old were you when you smoked your first FULL (cigarette/ cigar/pipe bowl of tobacco)?/About how old were you when you first used snuff/chewing tobacco?)**	____ Age	____ Age	____ Age	____ Age	____ Age
3a. **When was the MOST RECENT time you (smoked a/used)** *(Name of tobacco category)***?** If DK, then ask: Was it within the past year?	____ Hour(s) ago OR ____ Day(s) ago OR ____ Week(s) ago OR ____ Month(s) ago OR ____ Year(s) ago	____ Hour(s) ago OR ____ Day(s) ago OR ____ Week(s) ago OR ____ Month(s) ago OR ____ Year(s) ago	____ Hour(s) ago OR ____ Day(s) ago OR ____ Week(s) ago OR ____ Month(s) ago OR ____ Year(s) ago	____ Hour(s) ago OR ____ Day(s) ago OR ____ Week(s) ago OR ____ Month(s) ago OR ____ Year(s) ago	____ Hour(s) ago OR ____ Day(s) ago OR ____ Week(s) ago OR ____ Month(s) ago OR ____ Year(s) ago
CHECK ITEM 3.2 Did respondent (smoke/use) (tobacco product) in the last year? *Refer to 3a, if necessary.*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
3b. *(SHOW FLASHCARD 21)* **About how often did you USUALLY (smoke/use)** *(Name of tobacco category)* **(in the past year/in the year right before you stopped)?**	1 ☐ Every day - ***SKIP to 5*** 2 ☐ 5 to 6 days a week 3 ☐ 3 to 4 days a week 4 ☐ 1 to 2 days a week 5 ☐ 2 to 3 days a month 6 ☐ Once a month or less	1 ☐ Every day - ***SKIP to 5*** 2 ☐ 5 to 6 days a week 3 ☐ 3 to 4 days a week 4 ☐ 1 to 2 days a week 5 ☐ 2 to 3 days a month 6 ☐ Once a month or less	1 ☐ Every day - ***SKIP to 5*** 2 ☐ 5 to 6 days a week 3 ☐ 3 to 4 days a week 4 ☐ 1 to 2 days a week 5 ☐ 2 to 3 days a month 6 ☐ Once a month or less	1 ☐ Every day - ***SKIP to 5*** 2 ☐ 5 to 6 days a week 3 ☐ 3 to 4 days a week 4 ☐ 1 to 2 days a week 5 ☐ 2 to 3 days a month 6 ☐ Once a month or less	1 ☐ Every day - ***SKIP to 5*** 2 ☐ 5 to 6 days a week 3 ☐ 3 to 4 days a week 4 ☐ 1 to 2 days a week 5 ☐ 2 to 3 days a month 6 ☐ Once a month or less

Section 3A - TOBACCO USE (Continued)

	1 ☐ Cigarettes	2 ☐ Cigars	3 ☐ Pipe	4 ☐ Snuff	5 ☐ Chewing Tobacco
3c. **(On the days that you smoked (in the past year/ in the year right before you stopped), about how many (cigarettes/cigars/ pipe bowls of tobacco) did you USUALLY smoke?/ On the days that you used (snuff/chewing tobacco) (in the past year/in the year right before you stopped) about how many (pinches, dips or rubs/plugs, wads or chews) did you use?)**	____ Number	____ Number	____ Number	____ Number	____ Number
d. **For how long (have/did) you (smoke(d)/use(d)) this amount?**	____ Day(s) OR ____ Week(s) OR ____ Month(s) OR ____ Year(s)	____ Day(s) OR ____ Week(s) OR ____ Month(s) OR ____ Year(s)	____ Day(s) OR ____ Week(s) OR ____ Month(s) OR ____ Year(s)	____ Day(s) OR ____ Week(s) OR ____ Month(s) OR ____ Year(s)	____ Day(s) OR ____ Week(s) OR ____ Month(s) OR ____ Year(s)
4. **Did you ever (smoke/use)** *(Name of tobacco category)* **every day?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.3*	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.3*	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.3*	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.3*	1 ☐ Yes 2 ☐ No - *SKIP to 8a, page 35*
5. **About how old were you when you FIRST started (smoking/using)** *(Name of tobacco category)* **every day?**	____ Age	____ Age	____ Age	____ Age	____ Age
6. **Thinking back over the entire period when you were (smoking/using snuff/ chewing tobacco) every day, about how many (cigarettes/cigars/pipe bowls of tobacco/pinches, dips or rubs/plugs, wads or chews) did you USUALLY (smoke/use) in a single day?**	____ Number	____ Number	____ Number	____ Number	____ Number
7. **For how long (have/did) you (smoke(d)/use(d)) this amount every day?**	____ Day(s) OR ____ Week(s) OR ____ Month(s) OR ____ Year(s)	____ Day(s) OR ____ Week(s) OR ____ Month(s) OR ____ Year(s)	____ Day(s) OR ____ Week(s) OR ____ Month(s) OR ____ Year(s)	____ Day(s) OR ____ Week(s) OR ____ Month(s) OR ____ Year(s)	____ Day(s) OR ____ Week(s) OR ____ Month(s) OR ____ Year(s)
CHECK ITEM 3.3 Is another tobacco category marked?	1 ☐ Yes - *Fill 2-7 in designated column for next tobacco category* 2 ☐ No - *Go to Check Item 3.3A*	1 ☐ Yes - *Fill 2-7 in designated column for next tobacco category* 2 ☐ No - *Go to Check Item 3.3A*	1 ☐ Yes - *Fill 2-7 in designated column for next tobacco category* 2 ☐ No - *Go to Check Item 3.3A*	1 ☐ Yes - *Fill 2-7 in designated column for next tobacco category* 2 ☐ No - *Go to Check Item 3.3A*	
CHECK ITEM 3.3A Are all columns in Check Item 3.2 marked "No"?	1 ☐ Yes - *Ask 8a and c only* 2 ☐ No - *Ask 8a, b and c as appropriate*				

Section 3A - TOBACCO USE (Continued)

8a. The next few questions are about experiences that many people have had with using tobacco, including cigarettes, cigars, a pipe, snuff or chewing tobacco. As I read each experience, please tell me if it has EVER happened to you as a result of using ANY of these types of tobacco. **In your ENTIRE LIFE, did you EVER ...** *(PAUSE)* *(Repeat phrase frequently)*		b. Did this happen in the last 12 months?	c. Did this happen before 12 months ago, that is before last *(Month one year ago)*?
(1) More than once want to stop or cut down on your tobacco use?	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(2) Give up or cut down on activities that you were interested in or that gave you pleasure because tobacco use was not permitted at the activity?	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(3) Give up or cut down on activities that were important to you - like associating with friends or relatives or attending social activities because tobacco use was not permitted at the activity?	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(4) Continue to use tobacco even though you knew it was causing you a health problem or making a health problem worse?	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(5) Find yourself (chain smoking/using one pinch or plug of snuff or chewing tobacco right after another)?	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(6) More than once try to stop or cut down on your tobacco use but found you couldn't do it?	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(7) Many people experience problems on occassions when they stop or cut down on their tobacco use. **After stopping or cutting down on your tobacco use, did you EVER...**			
(a) Feel depressed?	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(b) Have difficulty falling asleep or staying asleep?	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(c) Have difficulty concentrating?	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience, page 36*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No

Section 3A - TOBACCO USE (Continued)

8a. **In your ENTIRE LIFE, did you EVER ...** *(PAUSE)* *(Repeat phrase frequently)*		**b.** **Did this happen in the last 12 months?**	**c.** **Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**
(d) **Eat more than usual or gain weight?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(e) **Become easily irritated, angry, or frustrated?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(f) **Feel anxious or nervous?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(g) **Feel your heart beating more slowly then usual?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(h) **Feel more restless than usual?**	1 ☐ Yes → 2 ☐ No - *Go to Check Item 3.4*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
CHECK ITEM 3.4 Are at least 2 items marked "Yes" in column b, 7(a) – 7(h)?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.5*		
(i) **You just mentioned that you had some experiences after stopping or cutting down on your tobacco use in the last 12 months. Were any of these experiences very uncomfortable or upsetting to you or did they cause problems in your life - like at work or school or with family or friends?**		1 ☐ Yes 2 ☐ No	
(j) **Did you use tobacco in the last 12 months to keep from having any of these experiences?**		1 ☐ Yes 2 ☐ No	
CHECK ITEM 3.5 Are at least 2 items marked "Yes" in column c, 7(a) - 7(h)?	1 ☐ Yes 2 ☐ No - *SKIP to (8), page 37*		
(k) **You just mentioned that you had some experiences after stopping or cutting down on your tobacco use BEFORE 12 months ago. Were any of these experiences very uncomfortable or upsetting to you or did they cause problems in your life - like at work or school or with family or friends?**			1 ☐ Yes 2 ☐ No

Section 3A - TOBACCO USE (Continued)

8a. **In your ENTIRE LIFE, did you EVER ...** *(PAUSE)* *(Repeat phrase frequently)*		**b.** **Did this happen in the last 12 months?**	**c.** **Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**
(l) **Did you use tobacco to keep from having any of these experiences before 12 months ago?**			1 ☐ Yes 2 ☐ No
(8) **Wake up in the middle of the night to use tobacco?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(9) **Often use tobacco just after getting up or shortly after getting up in the morning?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(10) **Find yourself using tobacco JUST AFTER being in a situation where tobacco use was not permitted - like after being on a plane, at a meeting, or shopping at the mall?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(11) **Find that you had to use much more tobacco than you once did to get the effect you wanted?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(12) **Increase your use of tobacco by at least 50 percent?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(13) **Have a period when you often used tobacco more than you intended to?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(14) **Continue to use tobacco even though it made you nervous, jittery, anxious or depressed?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to Check Item 3.6*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No

CHECK ITEM 3.6	Is more than 1 item marked in 1(a) - (e), page 33?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.8*
CHECK ITEM 3.7	Are at least 3 Boxes marked in 8, column b, pages 35 - 36?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.8*
9. **What type or types of tobacco were you using when you had some of these experiences with tobacco you mentioned in the last 12 months?** *Mark (X) all that apply.*		1 ☐ Cigarettes 2 ☐ Cigars 3 ☐ Pipe 4 ☐ Snuff 5 ☐ Chewing tobacco
CHECK ITEM 3.8	Are at least 3 Boxes marked "Yes" in 8, column c, pages 35 - 36?	1 ☐ Yes 2 ☐ No - *SKIP to Section 3B, page 39*
10a. **You just mentioned some experiences with using tobacco that happened in the past, that is, before 12 months ago. Now I'd like to know if some of the experiences you mentioned happened around the same time in the past.** **Before last** *(Month one year ago)***, was there EVER a period when SOME of these experiences were happening around the same time most days FOR AT LEAST A MONTH?**		1 ☐ Yes - *SKIP to 10d, page 38* 2 ☐ No

Section 3A - TOBACCO USE (Continued)

10b. **Before last** *(Month one year ago)***, was there EVER a period when SOME of these experiences were happening around the same time ON AND OFF FOR A FEW MONTHS OR LONGER?**	1 ☐ Yes - *SKIP to 10d* 2 ☐ No
c. **Before last** *(Month one year ago)***, was there EVER a time when some of these experiences happened within the same 1-year period?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 3B, page 39*
d. **About old were you the FIRST time SOME of these experiences BEGAN to happen at around the same time?**	_____ Age
e. **In your entire LIFE, how many separate periods like this did you have when some of these experiences were happening around the same time?** **By separate periods, I mean times that were separated by at least 1 year when you STOPPED using tobacco entirely OR you didn't have any of the experiences you mentioned with tobacco at all?**	_____ Number
CHECK ITEM 3.9A Is number entered in 10e, 2 or more or unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 10h*
10f. **What was the longest period you had when SOME of these experiences were happening around the same time?**	_____ Month(s) OR _____ Year(s)
g. **How old were you the MOST RECENT time SOME of these experiences BEGAN to happen at around the same time?**	_____ Age - *SKIP to Check Item 3.9B*
h. **How long did this period last when SOME of these experiences were happening around the same time?**	_____ Month(s) OR _____ Year(s)
CHECK ITEM 3.9B Is at least 1 item marked in 8, column b, pages 35 - 36?	1 ☐ Yes - *SKIP to Check Item 3.9C* 2 ☐ No
10i. **About how old were you when you FINALLY STOPPED having any of these experiences with tobacco? By finally stopped, I mean they never started happening again.**	_____ Age
CHECK ITEM 3.9C Is "Yes" marked in Check Item 3.6?	1 ☐ Yes 2 ☐ No - *SKIP to Section 3B, page 39*
11. **What type or types of tobacco were you using when you had some of the experiences you mentioned with tobacco BEFORE 12 months ago?** *Mark (X) all that apply.*	1 ☐ Cigarettes 2 ☐ Cigars 3 ☐ Pipe 4 ☐ Snuff 5 ☐ Chewing tobacco

Section 3B - MEDICINE USE

Statement J

Now I'd like to ask you about your experiences with medicines and other kinds of drugs that you may have used ON YOUR OWN - that is, either WITHOUT a doctor's prescription *(PAUSE)***; in GREATER amounts, MORE OFTEN, or LONGER than prescribed** *(PAUSE)***; or for a reason other than a doctor said you should use them. People use these medicines and drugs ON THEIR OWN to feel more alert, to relax or quiet their nerves, to feel better, to enjoy themselves, or to get high or just to see how they would work.**

(SHOW FLASHCARD 22)

1a. Have you EVER used any of these medicines or drugs?

Read list. (If "YES" to any drug category, ask: **Which ones?***)*

Record specific drug(s) used.

1 ☐ **Sedatives, for example, sleeping pills, bar-bit-your-ates, Seconal, Kway/-ludes, or Khlor/-all Hydrate** - *Specify* ↓

_____

2 ☐ **Tranquilizers or anti-anxiety drugs, for example, Valium, Librium, muscle relaxants, or Zanax** - *Specify* ↓

_____

3 ☐ **Painkillers, for example, Codeine, Darvon, Per/-ko-dan, Dill-odd/-id, or Demerol** - *Specify* ↓

_____

4 ☐ **Stimulants, for example, Pray-lude/-in, Benzadrine, Methadrine, uppers, or speed** - *Specify* ↓

_____

5 ☐ **Mariwa/-na, hash, THC, or grass** - *Specify* ↓

_____

6 ☐ **Cocaine or crack** - *Specify* ↓

_____

7 ☐ **Hallucinogens, for example, Ecstasy/MDMA, LSD, mescaline, Sillosy/-bin, PCP, angel dust, or pay-o/-tee** - *Specify* ↓

_____

8 ☐ **Inhalants or solvents, for example, a/-mill nitrate, nitrous oxide, glue, tol/-u- een or gasoline** - *Specify* ↓

_____

9 ☐ **Heroin**

_____

10 ☐ **Any OTHER medicines, or drugs, or substances, for example, steroids, Elavil, Thorazine, or Haldol?**

(SELECT MOST FREQUENTLY USED OTHER DRUG)

CHECK ITEM 3.10 Is at least one category marked in 1a?

1 ☐ Yes - *Classify as ever (drug) user*
2 ☐ No - *Classify as non (drug) user and SKIP to Section 3E, page 59*

Section 3B - MEDICINE USE (Continued)

CHECK ITEM 3.11 For every drug category marked in 1a, page 39, mark the corresponding category below and ask 2a - g for each marked drug category.	**2a. How old were you when you FIRST used** *(Name of drug category)***?**	**b. Did you use** *(Name of drug category)* **in the last 12 months only, before the last 12 months only, or during both time periods?**	**c. During the last 12 months, about how often did you use** *(Name of drug category)***?** *(SHOW FLASHCARD 23)*
1 ☐ **Sedatives**	_____ Age	1 ☐ Last 12 months only → 2 ☐ Prior to last 12 months only - *Ask column d* 3 ☐ Both time periods →	☐ Code
2 ☐ **Tranquilizers**	_____ Age	1 ☐ Last 12 months only → 2 ☐ Prior to last 12 months only - *Ask column d* 3 ☐ Both time periods →	☐ Code
3 ☐ **Painkillers**	_____ Age	1 ☐ Last 12 months only → 2 ☐ Prior to last 12 months only - *Ask column d* 3 ☐ Both time periods →	☐ Code
4 ☐ **Stimulants**	_____ Age	1 ☐ Last 12 months only → 2 ☐ Prior to last 12 months only - *Ask column d* 3 ☐ Both time periods →	☐ Code
5 ☐ **Marijuana**	_____ Age	1 ☐ Last 12 months only → 2 ☐ Prior to last 12 months only - *Ask column d* 3 ☐ Both time periods →	☐ Code
6 ☐ **Cocaine or Crack**	_____ Age	1 ☐ Last 12 months only → 2 ☐ Prior to last 12 months only - *Ask column d* 3 ☐ Both time periods →	☐ Code
7 ☐ **Hallucinogens**	_____ Age	1 ☐ Last 12 months only → 2 ☐ Prior to last 12 months only - *Ask column d* 3 ☐ Both time periods →	☐ Code
8 ☐ **Inhalants/Solvents**	_____ Age	1 ☐ Last 12 months only → 2 ☐ Prior to last 12 months only - *Ask column d* 3 ☐ Both time periods →	☐ Code
9 ☐ **Heroin**	_____ Age	1 ☐ Last 12 months only → 2 ☐ Prior to last 12 months only - *Ask column d* 3 ☐ Both time periods →	☐ Code
10 ☐ **OTHER** *Specify* ↓ _____	_____ Age	1 ☐ Last 12 months only → 2 ☐ Prior to last 12 months only - *Ask column d* 3 ☐ Both time periods →	☐ Code

Section 3B - MEDICINE (Continued)			
d. When was the most recent time you used *(Name of drug category)***?**	**e. Think about the time when you were using** *(Name of drug category)* **the most. At that time about how often did you use (it/them)?** *(SHOW FLASHCARD 23)*	**f. About how old were you when you FIRST BEGAN using** *(Name of drug category)* **that frequently?**	**g. About how long did that period last when you were using** *(Name of drug category)* **that frequently?**
____ Day(s) ago *OR* ____ Week(s) ago *OR* ____ Month(s) ago *OR* ____ Year(s) ago	☐☐ Code	______ Age	____ Week(s) OR ____ Month(s) OR ____ Year(s) } *SKIP to next marked drug category*
____ Day(s) ago *OR* ____ Week(s) ago *OR* ____ Month(s) ago *OR* ____ Year(s) ago	☐☐ Code	______ Age	____ Week(s) OR ____ Month(s) OR ____ Year(s) } *SKIP to next marked drug category*
____ Day(s) ago *OR* ____ Week(s) ago *OR* ____ Month(s) ago *OR* ____ Year(s) ago	☐☐ Code	______ Age	____ Week(s) OR ____ Month(s) OR ____ Year(s) } *SKIP to next marked drug category*
____ Day(s) ago *OR* ____ Week(s) ago *OR* ____ Month(s) ago *OR* ____ Year(s) ago	☐☐ Code	______ Age	____ Week(s) OR ____ Month(s) OR ____ Year(s) } *SKIP to next marked drug category*
____ Day(s) ago *OR* ____ Week(s) ago *OR* ____ Month(s) ago *OR* ____ Year(s) ago	☐☐ Code	______ Age	____ Week(s) OR ____ Month(s) OR ____ Year(s) } *SKIP to next marked drug category*
____ Day(s) ago *OR* ____ Week(s) ago *OR* ____ Month(s) ago *OR* ____ Year(s) ago	☐☐ Code	______ Age	____ Week(s) OR ____ Month(s) OR ____ Year(s) } *SKIP to next marked drug category*
____ Day(s) ago *OR* ____ Week(s) ago *OR* ____ Month(s) ago *OR* ____ Year(s) ago	☐☐ Code	______ Age	____ Week(s) OR ____ Month(s) OR ____ Year(s) } *SKIP to next marked drug category*
____ Day(s) ago *OR* ____ Week(s) ago *OR* ____ Month(s) ago *OR* ____ Year(s) ago	☐☐ Code	______ Age	____ Week(s) OR ____ Month(s) OR ____ Year(s) } *SKIP to next marked drug category*
____ Day(s) ago *OR* ____ Week(s) ago *OR* ____ Month(s) ago *OR* ____ Year(s) ago	☐☐ Code	______ Age	____ Week(s) OR ____ Month(s) OR ____ Year(s) } *SKIP to next marked drug category*
____ Day(s) ago *OR* ____ Week(s) ago *OR* ____ Month(s) ago *OR* ____ Year(s) ago	☐☐ Code	______ Age	____ Week(s) OR ____ Month(s) OR ____ Year(s) } *Go to Check Item 3.12, page 42*

Section 3B - MEDICINE USE (Continued)

CHECK ITEM 3.12	What is the time period marked in 2b for marijuana on page 40? When did respondent use marijuana ?	1 ☐ Last 12 months only 2 ☐ Before last 12 months only - *SKIP to 4* 3 ☐ Both time periods 4 ☐ Never (Blank) - *SKIP to Check Item 3.13*
3.	**Now I would like to know a little more about your use of marijuana.** **On the days that you used marijuana in the last 12 months, about how many joints did you usually smoke in a single day?**	_____ Number
4.	**At the time you were using marijuana the most, about how many joints did you usually smoke in a single day?**	_____ Number
CHECK ITEM 3.13	Is cocaine or crack marked in 1a? Did the respondent use cocaine or crack?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.13A*
5a.	**Earlier you told me that you had used cocaine OR crack. Now please tell me, NOT COUNTING CRACK, have you ever used cocaine?**	1 ☐ Yes 2 ☐ No - *SKIP to 9a*
b.	**Did you use cocaine during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?**	1 ☐ Last 12 months only 2 ☐ Before last 12 months only - *SKIP to 7* 3 ☐ Both time periods
6.	**On the days that you used cocaine in the last 12 months, about how many grams or lines did you usually use in a single day?**	_____ Gram(s) OR _____ Line(s)
7.	**At the time when you were using cocaine the most, about how many grams or lines did you usually use in a single day?**	_____ Gram(s) OR _____ Line(s)
8.	**In which of the following ways have you used cocaine?** *Read each response category.* *Mark (X) all that apply.*	1 ☐ IV, through the veins? 2 ☐ Injection under the skin? 3 ☐ Smoking, freebasing? 4 ☐ Snorting, sniffing, breathing? 5 ☐ By mouth, drinking? 6 ☐ Other method?
9a.	**NOT COUNTING COCAINE, have you ever used crack?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.13A*
b.	**Did you use crack during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?**	1 ☐ Last 12 months only 2 ☐ Before last 12 months only - *SKIP to 11* 3 ☐ Both time periods
10.	**On the days that you used crack in the last 12 months, about how many rocks did you usually use in a single day?**	_____ Number
11.	**At the time when you were using crack the most, about how many rocks did you usually use in a single day?**	_____ Number
12.	**In which of the following ways have you used crack?** *Read each response category.* *Mark (X) all that apply.*	1 ☐ IV, through the veins? 2 ☐ Injection under the skin? 3 ☐ Smoking, freebasing? 4 ☐ Snorting, sniffing, breathing? 5 ☐ By mouth, drinking? 6 ☐ Other method?
CHECK ITEM 3.13A	Did respondent EVER use hallucinogens?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.14, page 42a*

Section 3B - MEDICINE USE (Continued)

12m. (1)	**Did you EVER use ecstasy or MDMA?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.14*
(2)	**Did you use ecstasy or MDMA in the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.14*
(3)	**Did you use ecstasy or MDMA BEFORE 12 months ago, that is, BEFORE last** *(Month one year ago)***?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 3.14	Are any 1's or 3's marked in 2 column b, page 40?	1 ☐ Yes - *GO to 12a, page 43, ask columns a - e as appropriate* 2 ☐ No - *GO to 12a, page 43, ask columns a and e only*

Section 3C - MEDICINE EXPERIENCES

12a. Now I'm going to ask you about some experiences that people have reported in connection with their use of the medicines or drugs that we just talked about. As I read each experience, please tell me if this has ever happened to you.

In your entire life, did you EVER ... *(PAUSE)*
(Repeat phrase frequently)

			b. Did this happen in the last 12 months?
(1)	**Have arguments with your spouse, boyfriend/girlfriend, family, or friends as a result of your medicine or drug use?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(2)	**Get into physical fights while under the influence of a medicine or drug?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(3)	**Continue to use a medicine or drug even though you knew it was causing you trouble with your family or friends?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(4)	**Have job or school troubles as a result of your medicine or drug use - like missing too much work, not doing your work well, being demoted or losing a job, or being suspended, expelled or dropping out of school?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(5)	**Have a period when your medicine or drug use or your being sick from your medicine or drug use often interfered with taking care of your home or family?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(6)	**Accidentally injure yourself while under the influence of a medicine or drug, for example, have a bad fall or cut yourself badly, get hurt in a traffic accident, or anything like that?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(7)	**More than once drive a car, motorcycle, truck, boat, or other vehicle when you were under the influence of a medicine or drug?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(8)	**Find yourself under the influence of a medicine or drug or feeling its aftereffects in situations that increased your chances of getting hurt - like swimming, using machinery, or walking in a dangerous area or around heavy traffic?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(9)	**Get arrested, get held at a police station or have any other legal problems because of your medicine or drug use?**	1 ☐ Yes → 2 ☐ No - *Go to Check Item 3.15, page 45*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*

Section 3C - MEDICINE EXPERIENCES (Continued)

c. During the last 12 months, which medicines or drugs did this happen with? *(SHOW FLASHCARD 22)*	**d. Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**	**e. Which medicines or drugs did this happen with before 12 months ago?** *(SHOW FLASHCARD 22)*
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to Check Item 3.15, page 45*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**

Section 3C - MEDICINE EXPERIENCES (Continued)

CHECK ITEM 3.15 Is at least 1 item marked for any drug category in 12 column e, page 44?	**13a.** You just mentioned (an/some) experience(s) you had with *(Name of drug category)* in the past, that is, before 12 months ago. About how old were you the FIRST time (ANY ONE of these/this) experience(s) began to happen with *(Name of drug category)*?	**b.** In your ENTIRE LIFE how many separate periods like this did you have when any of these experiences were happening with *(Name of drug category)*? By separate periods, I mean time that were separated by at least 1 year when you EITHER STOPPED using (*Name of drug category)* entirely *(PAUSE)* OR you didn't have any of the experiences you just mentioned with *(Name of drug category)*?	**CHECK ITEM 3.16** Is number in 13b, 2 or more or unknown?
1 ☐ Yes → 2 ☐ No - *SKIP to 14a, page 47* *Mark each corresponding category below and ask 13a-f for each marked category.*			
1 ☐ **Sedatives**	_____ Age	_____ Number	1 ☐ Yes → 2 ☐ No - *SKIP to 13e*
2 ☐ **Tranquillizers**	_____ Age	_____ Number	1 ☐ Yes → 2 ☐ No - *SKIP to 13e*
3 ☐ **Painkillers**	_____ Age	_____ Number	1 ☐ Yes → 2 ☐ No - *SKIP to 13e*
4 ☐ **Stimulants**	_____ Age	_____ Number	1 ☐ Yes → 2 ☐ No - *SKIP to 13e*
5 ☐ **Marijuana**	_____ Age	_____ Number	1 ☐ Yes → 2 ☐ No - *SKIP to 13e*
6 ☐ **Cocaine or Crack**	_____ Age	_____ Number	1 ☐ Yes → 2 ☐ No - *SKIP to 13e*
7 ☐ **Hallucinogens**	_____ Age	_____ Number	1 ☐ Yes → 2 ☐ No - *SKIP to 13e*
8 ☐ **Inhalants/Solvents**	_____ Age	_____ Number	1 ☐ Yes → 2 ☐ No - *SKIP to 13e*
9 ☐ **Heroin**	_____ Age	_____ Number	1 ☐ Yes → 2 ☐ No - *SKIP to 13e*
10 ☐ **OTHER** - *Specify* ↓ _____	_____ Age	_____ Number	1 ☐ Yes → 2 ☐ No - *SKIP to 13e*

Section 3C - MEDICINE EXPERIENCES (Continued)

c. What is the longest period you had like this?	**d.** About how old were you the MOST RECENT time this BEGAN to happen?	**e.** How long did this period last?	**CHECK ITEM 3.17** Is at least 1 item marked in 12, column C for this drug category?	**f.** About how old were you when you FINALLY STOPPED having ANY of these experiences you just mentioned with *(Name of drug category)*? By finally stopped, I mean they never started happening again.
_____ Month(s) OR _____ Year(s)	____ Age - *SKIP to Check Item 3.17*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.17*	1 ☐ Yes - *SKIP to next marked drug category* 2 ☐ No →	_____ Age - *SKIP to next marked drug category*
_____ Month(s) OR _____ Year(s)	____ Age - *SKIP to Check Item 3.17*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.17*	1 ☐ Yes - *SKIP to next marked drug category* 2 ☐ No →	_____ Age - *SKIP to next marked drug category*
_____ Month(s) OR _____ Year(s)	____ Age - *SKIP to Check Item 3.17*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.17*	1 ☐ Yes - *SKIP to next marked drug category* 2 ☐ No →	_____ Age - *SKIP to next marked drug category*
_____ Month(s) OR _____ Year(s)	____ Age - *SKIP to Check Item 3.17*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.17*	1 ☐ Yes - *SKIP to next marked drug category* 2 ☐ No →	_____ Age - *SKIP to next marked drug category*
_____ Month(s) OR _____ Year(s)	____ Age - *SKIP to Check Item 3.17*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.17*	1 ☐ Yes - *SKIP to next marked drug category* 2 ☐ No →	_____ Age - *SKIP to next marked drug category*
_____ Month(s) OR _____ Year(s)	____ Age - *SKIP to Check Item 3.17*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.17*	1 ☐ Yes - *SKIP to next marked drug category* 2 ☐ No →	_____ Age - *SKIP to next marked drug category*
_____ Month(s) OR _____ Year(s)	____ Age - *SKIP to Check Item 3.17*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.17*	1 ☐ Yes - *SKIP to next marked drug category* 2 ☐ No →	_____ Age - *SKIP to next marked drug category*
_____ Month(s) OR _____ Year(s)	____ Age - *SKIP to Check Item 3.17*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.17*	1 ☐ Yes - *SKIP to next marked drug category* 2 ☐ No →	_____ Age - *SKIP to next marked drug category*
_____ Month(s) OR _____ Year(s)	____ Age - *SKIP to Check Item 3.17*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.17*	1 ☐ Yes - *SKIP to next marked drug category* 2 ☐ No →	_____ Age - *SKIP to next marked drug category*
_____ Month(s) OR _____ Year(s)	____ Age - *SKIP to Check Item 3.17*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.17*	1 ☐ Yes - *SKIP to 14a(1)* 2 ☐ No →	_____ Age - *SKIP to 14a(1)*

Section 3C - MEDICINE EXPERIENCES (Continued)

14a. **Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER . . .** *(PAUSE)*
(Repeat phrase frequently)

		a.	b. Did this happen in the last 12 months?
(1)	**More than once want to stop or cut down on using any of these medicines or drugs?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(2)	**More than once try to stop or cut down on using any of these medicines or drugs but found you couldn't do it?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(3)	**Often use a medicine or drug in larger amounts or for a much longer period than you meant to?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(4)	**Have a period when you spent a lot of time using a medicine or drug or getting over its bad aftereffects?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(5)	**Have a period when you spent a lot of time making sure you always had enough of a medicine or drug available?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(6)	**Have any of the following bad aftereffects when the effects of a medicine or drug were wearing off? This includes the morning after using it or in the first few days after stopping or cutting down on it? For example, did you EVER. . .**		
	(a) Sleep more than usual?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
	(b) Feel weak or tired (when the effects of a medicine or drug were wearing off)?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
	(c) Feel depressed?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
	(d) Find yourself sweating or your heart beating fast (when the effects of a medicine or drug were wearing off)?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
	(e) Have nausea, vomiting or a stomach ache?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
	(f) Yawn a lot (when the effects of a medicine or drug were wearing off)?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*

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Section 3C - MEDICINE EXPERIENCES (Continued)

c. **During the last 12 months, which medicines or drugs did this happen with?** *(SHOW FLASHCARD 22)*	**d.** **Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**	**e.** **Which medicines or drugs did this happen with before 12 months ago?** *(SHOW FLASHCARD 22)*
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience, page 49*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**

Section 3C - MEDICINE EXPERIENCES (Continued)

14a. In your entire life, did you EVER ... *(Repeat phrase frequently)*		**b.** Did this happen in the last 12 months?
(g) **Have runny eyes or a runny nose?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(h) **Eat more than usual or gain weight (when the effects of a medicine or drug were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(i) **Feel anxious or nervous?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(j) **Have muscle aches or cramps or diarrhea (when the effects of a medicine or drug were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(k) **Have a fever?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(l) **Became so restless you fidgeted, paced or couldn't sit still (when the effects of a medicine or drug were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(m) **Move or talk much more slowly than usual?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(n) **Find yourself sweating, your pupils dilating or your hair standing up (when the effects of a medicine or drug were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(o) **Have unpleasant dreams that often seemed real?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(p) **See, feel or hear things that weren't really there (when the effects of a medicine or drug were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience, page 51*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*

Section 3C - MEDICINE EXPERIENCES (Continued)

c. During the last 12 months, which medicines or drugs did this happen with? *(SHOW FLASHCARD 22)*	**d. Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**	**e. Which medicines or drugs did this happen with before 12 months ago?** *(SHOW FLASHCARD 22)*
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience, page 51*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**

Section 3C - MEDICINE EXPERIENCES (Continued)

14a. In your entire life, did you EVER ... *(Repeat phrase frequently)*		**b. Did this happen in the last 12 months?**
(q) Find yourself shaking?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(r) Have trouble falling asleep or staying asleep (when the effects of a medicine or drug were wearing off)?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(s) Have fits or seizures?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(t) Have very bad headaches (when the effects of a medicine or drug were wearing off)?	1 ☐ Yes → 2 ☐ No - *Go to Check Item 3.18*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
CHECK ITEM 3.18 Are at least 2 items marked "Yes" in column c, 6(a) - 6(t) for at least 1 medicine or drug?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.19*	
(u) You just mentioned that you experienced some bad physical aftereffects of *(Name of drug category)* **in the last 12 months. Were any of these bad aftereffects uncomfortable or upsetting to you or did they cause problems in your life - like at work or school or with family or friends?**		
CHECK ITEM 3.19 Are at least 2 items marked "Yes" in column e, 6(a) - 6(t) for at least 1 medicine or drug?	1 ☐ Yes 2 ☐ No - *Go to (7)*	
(v) You just mentioned that you experienced some bad physical aftereffects of *(Name of drug category)* **BEFORE 12 months ago. Were any of these bad aftereffects uncomfortable or upsetting to you or did they cause problems in your life - like at work or school or with family or friends?**		
(7) Take more of the same or a similar medicine or drug to get over or avoid any of these bad aftereffects?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(8) Find that your usual amount of a medicine or drug had much less effect on you than it once did?	1 ☐ Yes → 2 ☐ No - *Go to next experience, page 53*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*

Section 3C - MEDICINE EXPERIENCES (Continued)

c. During the last 12 months, which medicines or drugs did this happen with? *(SHOW FLASHCARD 22)*	**d. Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**	**e. Which medicines or drugs did this happen with before 12 months ago?** *(SHOW FLASHCARD 22)*
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to Check Item 3.18*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**		
		1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience page 53*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**

Section 3C - MEDICINE EXPERIENCES (Continued)

14a. In your entire life, did you EVER ... *(Repeat phrase frequently)*		**b. Did this happen in the last 12 months?**
(9) **Find that you had to use much more of a medicine or drug than you once did to get the effect you wanted?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(10) **Give up or cut down on activities that were important to you in order to use a medicine or drug - like work, school, or associating with friends or relatives?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(11) **Give up or cut down on activities that you were interested in or that gave you pleasure in order to use a medicine or drug?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(12) **Continue to use a medicine or drug even though it was making you feel depressed, uninterested in things, or suspicious or distrustful of other people?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(13) **Continue to use a medicine or drug even though you knew it was causing you a health problem or making a health problem worse?**	1 ☐ Yes → 2 ☐ No - *Go to Check Item 3.20, page 55*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*

Section 3C - MEDICINE EXPERIENCES (Continued)

c. During the last 12 months, which medicines or drugs did this happen with? *(SHOW FLASHCARD 22)*	**d. Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**	**e. Which medicines or drugs did this happen with before 12 months ago?** *(SHOW FLASHCARD 22)*
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to Check Item 3.20, page 55*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**

Section 3C - MEDICINE EXPERIENCES (Continued)

CHECK ITEM 3.20 Are at least 3 Boxes marked in 14, column e, for any drug category, pages 48 - 54? 1 ☐ Yes 2 ☐ No - *SKIP to Section 3D, page* — *Mark each corresponding category below and ask 15 a-g for each marked category.*	**15a.** You just mentioned some other experiences you had with *(Name of drug category)* in the past, that is, before 12 months ago. Before last *(Month one year ago)* was there ever a period when SOME of these experiences with *(Name of drug category)* were happening around the same time most days for at least a month *(PAUSE)*, on and off for a few months or longer *(PAUSE)* or within the same 1-year period?	**b.** About how old were you the FIRST time SOME of these experiences with *(Name of drug category)* BEGAN to happen around the same time?	**c.** In your ENTIRE LIFE how many separate periods like this did you have when some of these experiences with *(Name of drug category)* were happening around the same time? By separate periods, I mean times separated by at least a year when you EITHER STOPPED using *(Name of drug category)* entirely *(PAUSE)* OR you didn't have any of the experiences you just mentioned with *(Name of drug category)*?
1 ☐ **Sedatives**	1 ☐ Yes → 2 ☐ No	_____ Age	_____ Number
2 ☐ **Tranquillizers**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
3 ☐ **Painkillers**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
4 ☐ **Stimulants**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
5 ☐ **Marijuana**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
6 ☐ **Cocaine or Crack**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
7 ☐ **Hallucinogens**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
8 ☐ **Inhalants/Solvents**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
9 ☐ **Heroin**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
10 ☐ **OTHER** - *Specify* _____	1 ☐ Yes → 2 ☐ No - *SKIP to Section 3D, page 57*	_____ Age	_____ Number

Section 3C - MEDICINE EXPERIENCES (Continued)

CHECK ITEM 3.21 **Is number in 15c, 2 or more or unknown?**	**d. In your ENTIRE LIFE what was the LONGEST period you had when SOME of these experiences with** *(Name of drug category)* **were happening around the same time?**	**e. About how old were you the MOST RECENT time when some of these experiences BEGAN to happen around the same time?**	**f. How long did this period last when some of these experiences with** *(Name of drug category)* **were happening around the same time?**	**CHECK ITEM 3.22** **Is at least 1 item marked in 14, column C OR 12, column C for this drug?**	**g. About how old were you when you FINALLY STOPPED having ANY of these problems with** *(Name of drug category)***? By finally stopped, I mean they never started happening again.**
1 ☐ Yes → 2 ☐ No - *SKIP to 15f*	_____ Month(s) OR _____ Year(s)	_____ Age - *Go to Check Item 3.22*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.22*	1 ☐ Yes - Go to next marked drug category 2 ☐ No →	_____ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 15f*	_____ Month(s) OR _____ Year(s)	_____ Age - *Go to Check Item 3.22*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.22*	1 ☐ Yes - Go to next marked drug category 2 ☐ No →	_____ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 15f*	_____ Month(s) OR _____ Year(s)	_____ Age - *Go to Check Item 3.22*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.22*	1 ☐ Yes - Go to next marked drug category 2 ☐ No →	_____ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 15f*	_____ Month(s) OR _____ Year(s)	_____ Age - *Go to Check Item 3.22*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.22*	1 ☐ Yes - Go to next marked drug category 2 ☐ No →	_____ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 15f*	_____ Month(s) OR _____ Year(s)	_____ Age - *Go to Check Item 3.22*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.22*	1 ☐ Yes - Go to next marked drug category 2 ☐ No →	_____ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 15f*	_____ Month(s) OR _____ Year(s)	_____ Age - *Go to Check Item 3.22*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.22*	1 ☐ Yes - Go to next marked drug category 2 ☐ No →	_____ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 15f*	_____ Month(s) OR _____ Year(s)	_____ Age - *Go to Check Item 3.22*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.22*	1 ☐ Yes - Go to next marked drug category 2 ☐ No →	_____ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 15f*	_____ Month(s) OR _____ Year(s)	_____ Age - *Go to Check Item 3.22*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.22*	1 ☐ Yes - Go to next marked drug category 2 ☐ No →	_____ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 15f*	_____ Month(s) OR _____ Year(s)	_____ Age - *Go to Check Item 3.222*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.22*	1 ☐ Yes - Go to next marked drug category 2 ☐ No →	_____ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 15f*	_____ Month(s) OR _____ Year(s)	_____ Age - *Go to Check Item 3.22*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.22*	1 ☐ Yes - Go to Section 3D, page 57 2 ☐ No →	_____ Age - Go to Section 3D, page 57

Section 3D - TREATMENT UTILIZATION

1. **Have you ever gone anywhere or seen anyone for a reason that was related in any way to your use of medicines or drugs - a physician, counselor, Narcotics Anonymous, or any other community agency or professional?**

1 ☐ Yes
2 ☐ No - *SKIP to 4a, page 58*

2a. **I am going to read you a list of community agencies and professionals. For each one, please tell me if you have ever gone there for any reason related to your medicine or drug use.**

In your entire life, did you EVER go to a/an ...*(Repeat phrase frequently)*

b. **Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?**

(1)	**Narcotics or Cocaine Anonymous, Alcoholics Anonymous or any 12-Step meeting?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(2)	**Family services or another social service agency?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(3)	**Drug or alcohol detoxification ward or clinic?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(4)	**Inpatient ward of a psychiatric or general hospital or community mental health program?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(5)	**Outpatient clinic, including outreach programs and day or partial patient programs?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(6)	**Drug or alcohol rehabilitation program?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(7)	**Methadone Maintenance Program?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(8)	**Emergency room for any reason related to your drug use?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(9)	**Halfway house, including therapeutic communities?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(10)	**Crisis Center for any reason related to your drug use?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(11)	**Employee Assistance Program (EAP)?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(12)	**Clergyman, priest, or rabbi for any reason related to your drug use?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods

Section 3D - TREATMENT UTILIZATION (Continued)

2a. **In your entire life, did you EVER go to a/an...** *(Repeat phrase frequently)*		**b. Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?**
(13) Private physician, psychiatrist, psychologist, social worker or any other professional?	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(14) Any other agency or professional?	1 ☐ Yes → 2 ☐ No - *Go to 3a*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
3a. **How old were you the FIRST time you went anywhere for help or saw anyone for a reason that was related to your medicine or drug use?**		_____ Age
b. **How old were you the MOST RECENT time you went anywhere for help or saw anyone for a reason that was related to your medicine or drug use?**		_____ Age OR 0 ☐ Happened only once
4a. **Was there ever a time when you thought you should see a doctor, counselor, or other health professional or seek any other help for your drug use, but you didn't go?**		1 ☐ Yes 2 ☐ No - *SKIP to Section 3E, page 59*
b. **Did this happen during the last 12 months?**		1 ☐ Yes 2 ☐ No - *SKIP to 4d*
c. **Did this happen before 12 months ago, that is, before last** (Month one year ago)**?**		1 ☐ Yes 2 ☐ No
(SHOW FLASHCARD 24) **d.** **What were your reasons for not getting help?** *Check (X) all that apply.*		1 ☐ Wanted to go, but health insurance didn't cover 2 ☐ Didn't think anyone could help 3 ☐ Didn't know any place to go for help 4 ☐ Couldn't afford to pay the bill 5 ☐ Didn't have any way to get there 6 ☐ Didn't have time 7 ☐ Thought the problem would get better by itself 8 ☐ Was too embarrassed to discuss it with anyone 9 ☐ Was afraid of what my boss, friends, family, or others would think 10 ☐ Thought it was something I should be strong enough to handle alone 11 ☐ Was afraid they would put me into the hospital 12 ☐ Was afraid of the treatment they would give me 13 ☐ Hated answering personal questions 14 ☐ The hours were inconvenient 15 ☐ A member of my family objected 16 ☐ My family thought I should go but I didn't think it was necessary 17 ☐ Can't speak English very well 18 ☐ Was afraid I would lose my job 19 ☐ Couldn't arrange for child care 20 ☐ Had to wait too long to get into a program 21 ☐ Wanted to keep using a medicine or drug 22 ☐ Didn't think medicine or drug problem was serious enough 23 ☐ Didn't want to go 24 ☐ Stopped using a medicine or drug on my own 25 ☐ Friends or family helped me stop using a medicine or drug 26 ☐ Tried getting help before and it didn't work 27 ☐ Other reason

Section 3E - FAMILY HISTORY - II

Statement K

Now I would like to ask you some further questions about whether your relatives, regardless of whether or not they are now living, have EVER had problems with drugs. By having problems with drugs I mean a person who has physical or emotional problems because of drug use *(PAUSE)***; problems with a spouse, family or friends because of drug use** *(PAUSE)***; problems at work or school because of drug use** *(PAUSE)***; problems with the police because of drug use - like driving under the influence** *(PAUSE)* **or a person who seems to spend a lot of time using drugs or getting over their bad aftereffects.** *(Repeat definition frequently.)*

1.	**In your judgement, has your blood or natural father had problems with drugs at ANY time in his life?**	1 ☐ Yes 2 ☐ No 99 ☐ DK
2.	**Has your blood or natural mother had problems with drugs at ANY time in her life?**	1 ☐ Yes 2 ☐ No 99 ☐ DK
3.	**(Did your full brother have/How many of your full brothers had) problems with drugs at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
4.	**(Did your full sister have/How many of your full sisters had) problems with drugs at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
5.	**(Did your natural son have/How many of your natural sons had) problems with drugs at ANY time in (his life/ their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
6.	**(Did your natural daughter have/How many of your natural daughters had) problems with drugs at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
7.	**(Did your natural father's full brother have/How many of your natural father's full brothers had) problems with drugs at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
8.	**(Did your natural father's full sister have/How many of your natural father's full sisters had) problems with drugs at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
9.	**(Did your natural mother's full brother have/How many of your natural mother's full brothers had) problems with drugs at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
10.	**(Did your natural mother's full sister have/How many of your natural mother's full sisters had) problems with drugs at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None

Section 3E - FAMILY HISTORY - II (Continued)

11. **Did your natural grandfather on your father's side have problems with drugs at ANY time in his life?**	1 ☐ Yes 2 ☐ No 99 ☐ DK
12. **Did your natural grandmother on your father's side have problems with drugs at ANY time in her life?**	1 ☐ Yes 2 ☐ No 99 ☐ DK
13. **Did your natural grandfather on your mother's side have problems with drugs at ANY time in his life?**	1 ☐ Yes 2 ☐ No 99 ☐ DK
14. **Did your natural grandmother on your mother's side have problems with drugs at ANY time in her life?**	1 ☐ Yes 2 ☐ No 99 ☐ DK } *Go to Section 4A, page 61*

Section 4A - LOW MOOD I

Statement L **Now I'd like to ask you some questions about moods and related experiences that many people have had.**

1.	**In your ENTIRE LIFE, have you ever had a time when you felt sad, blue, depressed, or down most of the time for at least 2 weeks?**	1 ☐ Yes 2 ☐ No
2.	**In your ENTIRE LIFE, have you ever had a time, lasting at least 2 weeks, when you didn't care about the things that you usually cared about, or when you didn't enjoy the things you usually enjoyed?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.1	Is "Yes" marked in 1 OR 2?	1 ☐ Yes 2 ☐ No - *SKIP to Section 4B, page 68*

4a.	**The next few questions are about experiences many people have had when they (felt sad, blue, depressed, or down/didn't care about things or enjoy things). During that time when (your mood was at it's lowest/you enjoyed or cared the least about things), did you . . .** *(Repeat entire phrase frequently)*		**b.**
(1)	**Lose at least 2 pounds a week for several weeks or at least 10 pounds altogether within a month, other than when you were physically ill or dieting?**	1 ☐ Yes - *Mark Box C1* 2 ☐ No - *Go to next experience*	**Box** 1 ☐ C1
(2)	**Lose your appetite nearly every day for at least 2 weeks?**	1 ☐ Yes - *Mark Box C1* 2 ☐ No - *Go to next experience*	
(3)	**Gain at least 2 pounds a week for several weeks or at least 10 pounds altogether within a month (other than when you were growing or pregnant)?**	1 ☐ Yes - *Mark Box C1* 2 ☐ No - *Go to next experience*	
(4)	**Find that you wanted to eat a lot more than usual for no special reason, most days for at least 2 weeks?**	1 ☐ Yes - *Mark Box C1* 2 ☐ No - *Go to next experience*	
(5)	**Have trouble falling asleep nearly every day for at least 2 weeks?**	1 ☐ Yes - *Mark Box C2* 2 ☐ No - *Go to next experience*	**Box** 1 ☐ C2
(6)	**Wake up too early nearly every day for at least 2 weeks?**	1 ☐ Yes - *Mark Box C2* 2 ☐ No - *Go to next experience*	
(7)	**Sleep more than usual nearly every day for at least 2 weeks?**	1 ☐ Yes - *Mark Box C2* 2 ☐ No - *Go to next experience*	
(8)	**Feel tired nearly all the time or get tired easily most days for at least 2 weeks, even though you weren't doing more than usual?**	1 ☐ Yes - *Mark Box C3* 2 ☐ No - *Go to next experience, page 62*	**Box** 1 ☐ C3

Section 4A - LOW MOOD I (Continued)

4a. **During that time when (your mood was at it's lowest/you enjoyed or cared the least about things), did you . . .**

(Repeat entire phrase frequently)

			b.
(9)	**Move or talk MUCH more slowly than usual, most days for at least 2 weeks?**	1 ☐ Yes - *Mark Box C4* 2 ☐ No - *Go to next experience*	**Box** 1 ☐ C4
(10)	**Become so restless that you fidgeted or paced most of the time for at least 2 weeks?**	1 ☐ Yes - *Mark Box C4* 2 ☐ No - *Go to next experience*	
(11)	**Become so restless that you felt uncomfortable for at least 2 weeks?**	1 ☐ Yes - *Mark Box C4* 2 ☐ No - *Go to next experience*	
(12)	**Feel worthless nearly all the time for at least 2 weeks?**	1 ☐ Yes - *Mark Box C5* 2 ☐ No - *Go to next experience*	**Box** 1 ☐ C5
(13)	**Feel guilty about things you normally wouldn't feel guilty about, most of the time for at least 2 weeks?**	1 ☐ Yes - *Mark Box C5* 2 ☐ No - *Go to next experience*	
(14)	**Have trouble concentrating or keeping your mind on things, most days for at least 2 weeks?**	1 ☐ Yes - *Mark Box C6* 2 ☐ No - *Go to next experience*	**Box** 1 ☐ C6
(15)	**Find it harder than usual to make decisions, most of the time for at least 2 weeks?**	1 ☐ Yes - *Mark Box C6* 2 ☐ No - *Go to next experience*	
(16)	**Attempt suicide?**	1 ☐ Yes - *Mark Box C7* 2 ☐ No - *Go to next experience*	**Box** 1 ☐ C7
(17)	**Think about committing suicide?**	1 ☐ Yes - *Mark Box C7* 2 ☐ No - *Go to next experience*	
(18)	**Feel like you wanted to die?**	1 ☐ Yes - *Mark Box C7* 2 ☐ No - *Go to next experience*	
(19)	**Think a lot about your own death?**	1 ☐ Yes - *Mark Box C7* 2 ☐ No - *Go to Check Item 4.3*	

CHECK ITEM 4.3 Are at least 4 Boxes marked for C1-C7 in column b, pages 61 - 62?

1 ☐ Yes
2 ☐ No - *SKIP to Section 4B, page 68*

5. **Now I'd like to ask you about some other things that might have happened to you during that time when (your mood was at its lowest/you enjoyed or cared the least about things) for at least 2 weeks and you had some of the other experiences you mentioned at the same time.**

During that time...

(1)	**Were you uncomfortable or upset by your low mood or any of these other experiences?**	1 ☐ Yes 2 ☐ No
(2)	**Did you have arguments or friction with friends, family, people at work or anyone else?**	1 ☐ Yes 2 ☐ No
(3)	**Were you very troubled because of the way you felt at that time or did you often wish you could get better?**	1 ☐ Yes 2 ☐ No

Section 4A - LOW MOOD I (Continued)

5. **During that time when (your mood was at its lowest/you enjoyed or cared the least about things)...**

(4) **Did you have any trouble doing things you were supposed to do - like working, doing your schoolwork, or taking care of your home or family?**
1 ☐ Yes
2 ☐ No

(5) **During that time, did you spend more time than usual by yourself, because you didn't want to be around people as much as usual?**
1 ☐ Yes
2 ☐ No

(6) **Did you find you couldn't do the things you usually did or wanted to do?**
1 ☐ Yes
2 ☐ No

(7) **Did you find you did a lot less than usual or were less active?**
1 ☐ Yes
2 ☐ No

(8) **Did you depend a lot more on people to take care of every day things for you or to give you a lot of reassurance or attention?**
1 ☐ Yes
2 ☐ No

6a. **About how old were you the FIRST time you BEGAN (to feel sad, blue, depressed or down/not to care about things or enjoy things) for at least 2 weeks and when you also had some of the other experiences you just mentioned?**

Refer to other experiences marked "Yes" in 4a(1)-(19) and 5(1)-(8), pages 61 - 63, if necessary.

_____ Age

CHECK ITEM 4.4 Is respondent's age in 6a within 1 year of his/her present age or is present age or 6a unknown?
1 ☐ Yes
2 ☐ No - *SKIP to 7*

6b. **Did this FIRST time BEGIN to happen during the last 12 months?**
1 ☐ Yes
2 ☐ No

7. **In you ENTIRE LIFE, how many SEPARATE times lasting at least 2 weeks were there when you (felt sad, blue, depressed, or down/didn't care about things or enjoy things) and when you also had some of the other experiences you mentioned? By separate times, I mean times separated by at least 2 months when your mood was much improved or back to normal and you DIDN'T have ANY of the other experiences you mentioned.**

_____ Number

CHECK ITEM 4.5 Is number entered in 7, 2 or more or unknown?
1 ☐ Yes
2 ☐ No - *SKIP to 9e, page 64*

8a. **How old were you the MOST RECENT time you BEGAN (to feel sad, blue, depressed or down/not to care about things or enjoy things) for at least 2 weeks and when you also had some of these other experiences?**

_____ Age

CHECK ITEM 4.6A Is respondent's age in 8a within 1 year of his/her present age or is present age or 8a unknown?
1 ☐ Yes
2 ☐ No - *SKIP to 9a*

8b. **Did this MOST RECENT time BEGIN to happen during the last 12 months?**
1 ☐ Yes
2 ☐ No

9a. **How long did this MOST RECENT time last when you (felt sad, blue, depressed or down/didn't care about things or enjoy things)?**

(Must be at least 2 weeks.)

_____ Week(s)
OR
_____ Month(s)
OR
_____ Year(s)

b. **Since this MOST RECENT time BEGAN, have there been at least 2 months when your mood was much improved or back to normal AND when you DIDN'T have ANY of the OTHER experiences you mentioned?**
1 ☐ Yes
2 ☐ No - *SKIP 9d*

CHECK ITEM 4.6B Is "Yes" marked in 8b?
1 ☐ Yes - *SKIP to 9d*
2 ☐ No

9c. **Did this MOST RECENT time when your mood was much improved BEGIN to happen in the last 12 months?**
1 ☐ Yes
2 ☐ No

d. **In your ENTIRE LIFE, what was the LONGEST time that you've had when you (felt sad, blue, depressed, or down/didn't care about things or enjoy things)?**

(Must be at least 2 weeks.)

_____ Week(s)
OR
_____ Month(s)
OR
_____ Year(s)

SKIP to Check Item 4.7, page 64

Section 4A - LOW MOOD I (Continued)

9e. **How long did that time last when you (felt sad, blue, depressed or down/didn't care about things or enjoy things)?**

(Must be at least 2 weeks.)

_____ Week(s)
OR
_____ Month(s)
OR
_____ Year(s)

f. **Since that time BEGAN, have there been at least 2 months when your mood was much improved or back to normal AND you DIDN'T have ANY of the OTHER experiences you mentioned?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 4.7*

CHECK ITEM 4.6C Is "Yes" marked in 6b?

1 ☐ Yes - *SKIP to Check Item 4.7*
2 ☐ No

9g. **Did this time when your mood was much improved BEGIN to happen in the last 12 months?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 4.7 Is Check Item 4.5 marked "No"?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 4.8A*

CHECK ITEM 4.8 Is number marked in 9e, 2 months or more or is Follow-up probe 9ep coded "Yes"?

1 ☐ Yes - *SKIP to Check Item 4.10*
2 ☐ No

10a. **Did that time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) BEGIN to happen just after someone close to you died?**

1 ☐ Yes
2 ☐ No
} *SKIP to Check Item 4.10*

CHECK ITEM 4.8A Is number in 9d, less than 2 months or is Follow-up probe 9dp coded "No"?

1 ☐ Yes - *SKIP to Check Item 4.9A*
2 ☐ No

10b. **Did ALL of those times when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) last for at least 2 months?**

1 ☐ Yes - *SKIP to Check Item 4.10*
2 ☐ No

CHECK ITEM 4.9A Is 6b marked "Yes" or 8b marked "Yes" or 9c marked "Yes" or 9b marked "No"?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 4.9B*

10c. **Think about the times in the last 12 months when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) for LESS than 2 months. Did ANY of those times BEGIN to happen just after someone close to you died?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 4.9B*
0 ☐ No times lasting less than 2 months in the past 12 months - *SKIP to Check Item 4.9B*

d. **Did ALL of those times ONLY BEGIN to happen just after someone close to you died?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 4.9B Is 6b marked "Yes"?

1 ☐ Yes - *SKIP to Check Item 4.10*
2 ☐ No

10e. **Think about the times BEFORE 12 months ago when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) for LESS than 2 months. Did ANY of those times BEGIN to happen just after someone close to you died?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 4.10*
0 ☐ No times lasting less than 2 months before 12 months ago - *SKIP to Check Item 4.10*

f. **Did ALL of those times ONLY BEGIN to happen just after someone close to you died?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 4.10 *Refer to Check Item 2.0, Section 2A, page 9.*

Is the respondent a lifetime abstainer of alcohol?

1 ☐ Yes - *SKIP to 13*
2 ☐ No

11. **Did (that time/ANY of those times) when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) BEGIN to happen AFTER you were drinking heavily or a lot more than usual?**

1 ☐ Yes
2 ☐ No - *SKIP to 13*

12. **Did (that time/ANY of those times) when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) BEGIN to happen DURING a period when you were experiencing the bad aftereffects of drinking?**

1 ☐ Yes
2 ☐ No

13. **Did (that time/ANY of those times) when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) BEGIN to happen AFTER using a medicine or drug?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 4.11, page 65*

Section 4A - LOW MOOD I (Continued)

14.	**Did (that time/ANY of those times) when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) BEGIN to happen DURING a period when you were experiencing the bad aftereffects of a medicine or drug?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.11	Is at least 1 item marked "Yes" in 11, 12, 13 OR 14?	1 ☐ Yes 2 ☐ No - *SKIP to 16, page 66*
CHECK ITEM 4.12	Is Check Item 4.5 marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.13A*
15a.	**During that time, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 16, page 66*
b.	**Did you CONTINUE (to feel sad, blue, depressed or down/not to care about things or enjoy things) for at least 1 month AFTER you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No } *SKIP to 16, page 66*
CHECK ITEM 4.13A	Is 6b marked "Yes" or 8b marked "Yes" or 9c marked "Yes" or 9b marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.13B*
15c.	**Did ANY of the times when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) in the last 12 months BEGIN to happen (after drinking heavily/ using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.13B*
d.	**Did they ALL BEGIN to happen (after drinking heavily/ using a medicine or drug/when your were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No
e.	**During ANY of those times in the last 12 months when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) (after drinking heavily/using a medicine or drug), did you STOP (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.13B*
f.	**During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No
g.	**Did you CONTINUE (to feel sad, blue, depressed or down/not to care about things or enjoy things) for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.13B*
h.	**Did you CONTINUE (to feel sad, blue, depressed or down/not to care about things or enjoy things) for at least 1 month AFTER ALL of those times?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.13B	Is 6b marked "Yes"?	1 ☐ Yes - *SKIP to 16, page 66* 2 ☐ No
15i.	**Did ANY of the times when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) BEFORE 12 months ago BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 16, page 66*
j.	**Did they ALL BEGIN to happen (after drinking heavily/ using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No
k.	**During ANY of those times BEFORE 12 months ago when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) (after drinking heavily/using a medicine or drug) did you STOP (drinking heavily/ using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 16, page 66*

Section 4A - LOW MOOD I (Continued)

15l.	**During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No
m.	**Did you CONTINUE (to feel sad, blue, depressed or down/not to care about things or enjoy things) for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 16*
n.	**Did you CONTINUE (to feel sad, blue, depressed or down/not to care about things or enjoy things) for at least 1 month AFTER ALL of those times?**	1 ☐ Yes 2 ☐ No
16.	**Did you EVER go to any kind of counselor, therapist, doctor, psychologist or any person like that to help improve your mood or make you feel better?**	1 ☐ Yes 2 ☐ No
17a.	**Were you a patient in a hospital for at least one night because you (felt sad, blue, depressed or down/didn't care about things or enjoy things)?**	1 ☐ Yes 2 ☐ No
b.	**Did you EVER go to an emergency room for help during any time when you (felt sad, blue, depressed or down/ didn't care about things or enjoy things)?**	1 ☐ Yes 2 ☐ No
18.	**Did a doctor EVER prescribe any medicines or drugs to improve your mood or to make you feel better?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.14	Is at least 1 item marked "Yes" in 16-18? Did respondent ever seek help for their low mood?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.14A*
19a.	**About how old were you the FIRST TIME you went anywhere or saw anyone to get help for (feeling sad, blue, depressed or down/not caring about things or enjoying things)?**	_____ Age
b.	**How old were you the MOST RECENT time you went anywhere or saw anyone to get help for (feeling sad, blue, depressed or down/not caring about things or enjoying things)?**	_____ Age OR 0 ☐ Happened only once
CHECK ITEM 4.14A	*Refer to Check Item 2.0, Section 2A, page 9.* Is respondent a lifetime abstainer of alcohol?	1 ☐ Yes - *SKIP to Check Item 4.14B* 2 ☐ No
20a.	**Did you EVER drink alcohol to improve your mood or to make yourself feel better when you (felt sad, blue, depressed, or down/didn't care about things or enjoy things) for at least two weeks?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.14B*
b.	**Did this happen during the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.14B*
c.	**Did this happen before 12 months ago, that is, before last** ***(Month one year ago)*****?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.14B	*Refer to Check Item 3.10, Section 3B, page 39.* Is respondent a lifetime non-drug user?	1 ☐ Yes - *SKIP to Check Item 4.15, page 67* 2 ☐ No
21a.	**Did you EVER take any medicines or drugs ON YOUR OWN, that is, without a prescription, in greater amounts or more often or longer than prescribed to help improve your mood or to make yourself feel better when you (felt sad, blue, depressed, or down/didn't care about things or enjoy things)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.15, page 67*
b.	**Did this happen during the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.15, page 67*

Section 4A - LOW MOOD I (Continued)

21c. **Did this happen before 12 months ago, that is, before last** *(Month one year ago)***?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.15 Is Check Item 4.5 marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.16A*
22a. **Did that time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 4B, page 68*
b. **Did a doctor or other health professional tell you that this time was related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *SKIP to Section 4B, page 68*
CHECK ITEM 4.16A Is 6b marked "Yes" or 8b marked "Yes" or 9c marked "Yes" or 9b marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.16B*
22c. **Did ANY of the times when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) in the last 12 months BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.16B*
d. **Did ALL of those times when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 22f*
e. **Did a doctor or other health professional tell you that ALL the times like this were related to your physical illness or medical condition?**	1 ☐ Yes - *SKIP to Check Item 4.16B* 2 ☐ No
f. **Did a doctor or other health professional tell you that ANY of the times like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.16B Is 6b marked "Yes"?	1 ☐ Yes - *SKIP to Section 4B, page 68* 2 ☐ No
22g. **Did ANY of the times BEFORE 12 months ago when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 4B, page 68*
h. **Did ALL of those times BEFORE 12 months ago when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 22j*
i. **Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?**	1 ☐ Yes - *SKIP to Section 4B, page 68* 2 ☐ No
j. **Did a doctor or other health professional tell you that ANY of the times like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *Go to Section 4B, page 68*

Section 4B - FAMILY HISTORY - III

Now I would like to ask about whether any of your relatives, regardless of whether or not they are now living, have ever been depressed for a period of AT LEAST 2 WEEKS.

(SHOW FLASHCARD 25)

Statement M

By depressed I mean they felt down, sad, blue or didn't care about things and also ate or slept too little or too much, moved more slowly than usual, were tired or agitated, had trouble concentrating, making decisions or doing things, or felt worthless or thought about suicide.

(REFER TO FLASHCARD FREQUENTLY.)

1.	**Was your blood or natural father depressed at ANY time in his life?**	1 ☐ Yes 2 ☐ No 99 ☐ DK
2.	**Was your blood or natural mother depressed at ANY time in her life?**	1 ☐ Yes 2 ☐ No 99 ☐ DK
3.	**(Was your full brother/How many of your full brothers were) depressed at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
4.	**(Was your full sister/How many of your full sisters were) depressed at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
5.	**(Was your natural son/How many of your natural sons were) depressed at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
6.	**(Was your natural daughter/How many of your natural daughters were) depressed at ANY time in (her life/ their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
7.	**(Was your natural father's full brother/How many of your natural father's full brothers were) depressed at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
8.	**(Was your natural father's full sister/How many of your natural father's full sisters were) depressed at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
9.	**(Was your natural mother's full brother/How many of your natural mother's full brothers were) depressed at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
10.	**(Was your natural mother's full sister/How many of your natural mother's full sisters were) depressed at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None

Section 4B - FAMILY HISTORY - III (Continued)

11. **Was your natural grandfather on your father's side depressed at ANY time in his life?**	1 ☐ Yes 2 ☐ No 99 ☐ DK
12. **Was your natural grandmother on your father's side depressed at ANY time in her life?**	1 ☐ Yes 2 ☐ No 99 ☐ DK
13. **Was your natural grandfather on your mother's side depressed at ANY time in his life?**	1 ☐ Yes 2 ☐ No 99 ☐ DK
14. **Was your natural grandmother on your mother's side been depressed at ANY time in her life?**	1 ☐ Yes 2 ☐ No 99 ☐ DK } *Go to Section 4C, page 70*

Section 4C - LOW MOOD II

1. **Some people have reported that they have low moods that last for 2 years or longer.**

Have you ever had a time that lasted for at least 2 years when your mood was low, sad or depressed most of the day, more than half of the time?

1 ☐ Yes
2 ☐ No - *SKIP to Section 5, page 76*

3a. **During that time when your mood was at its lowest, did you OFTEN. . .**
(Repeat entire phrase frequently)

			b.
(1)	**Lose your appetite?**	1 ☐ Yes - *Mark Box D1* 2 ☐ No - *Go to next experience*	**Box** 1 ☐ D1
(2)	**Find you wanted to eat a lot more than usual for no special reason?**	1 ☐ Yes - *Mark Box D1* 2 ☐ No - *Go to next experience*	
(3)	**Have trouble falling asleep, staying asleep or waking up too early?**	1 ☐ Yes - *Mark Box D2* 2 ☐ No - *Go to next experience*	**Box** 1 ☐ D2
(4)	**Sleep more than usual?**	1 ☐ Yes - *Mark Box D2* 2 ☐ No - *Go to next experience*	
(5)	**Feel tired or feel you didn't have much energy?**	1 ☐ Yes - *Mark Box D3* 2 ☐ No - *Go to next experience*	**Box** 1 ☐ D3
(6)	**Have trouble concentrating or keeping your mind on things?**	1 ☐ Yes - *Mark Box D4* 2 ☐ No - *Go to next experience*	**Box** 1 ☐ D4
(7)	**Find it harder to make decisions?**	1 ☐ Yes - *Mark Box D4* 2 ☐ No - *Go to next experience*	
(8)	**Feel that you weren't as good as other people?**	1 ☐ Yes - *Mark Box D5* 2 ☐ No - *Go to next experience*	**Box** 1 ☐ D5
(9)	**Feel down on yourself?**	1 ☐ Yes - *Mark Box D5* 2 ☐ No - *Go to next experience*	
(10)	**Feel that things were bad and would never get better?**	1 ☐ Yes - *Mark Box D6* 2 ☐ No - *Go to next experience*	**Box** 1 ☐ D6
(11)	**Feel hopeless?**	1 ☐ Yes - *Mark Box D6* 2 ☐ No - *Go to Check Item 4.23*	

CHECK ITEM 4.23 Are at least 2 boxes marked for D1 - D6, column b?

1 ☐ Yes
2 ☐ No - *Go to Section 5, page 76*

Section 4C - LOW MOOD II (Continued)

4. **Now I'd like to ask you about some other things that might have happened to you during that time when your mood was at its lowest for at least 2 years and you had some of the other experiences you mentioned around the same time.**

During those years, did you. . .
(Repeat phrase frequently)

(1)	**Feel uncomfortable or upset by your low mood or any of those other experiences?**	1 ☐ Yes 2 ☐ No
(2)	**Wish you could get better?**	1 ☐ Yes 2 ☐ No
(3)	**Have arguments or friction with family, friends, people at work or anyone else?**	1 ☐ Yes 2 ☐ No
(4)	**Have difficulty doing the things you were supposed to do - like working, doing your schoolwork or taking care of your home or family?**	1 ☐ Yes 2 ☐ No
(5)	**Dwell on the past or brood about the past?**	1 ☐ Yes 2 ☐ No
(6)	**Find that you did a lot less than usual or were less active?**	1 ☐ Yes 2 ☐ No
(7)	**Spend more time by yourself because you didn't want to be around people?**	1 ☐ Yes 2 ☐ No
(8)	**Ask people for help so much that it caused problems getting along with them?**	1 ☐ Yes 2 ☐ No

5. **About how old were you the FIRST time you BEGAN to have a low mood that lasted for at least 2 years and you often had some of the other experiences you just mentioned?**

Refer to other experiences marked "Yes" in 3a(1)-(11) and 4(1)-(8), pages 70 - 71, if necessary.

_____ Age

6. **In your ENTIRE LIFE, how many SEPARATE times lasting at least 2 years were there when your mood was low and you often had some of the other experiences you mentioned?**

By separate times, I mean times separated by at least 2 months when your mood was much improved or back to normal AND you didn't have ANY of the OTHER experiences you mentioned.

_____ Number

CHECK ITEM 4.24A Is number entered in 6, 2 or more or unknown?

1 ☐ Yes
2 ☐ No - *SKIP to 8b, page 72*

7a. **How old were you the MOST RECENT time you BEGAN to have a low mood that lasted for at least 2 years and you often had some of the other experiences you mentioned?**

_____ Age

b. **For how many years did this MOST RECENT time last?**

(Must be at least 2 years.)

_____ Years

c. **Since this MOST RECENT time BEGAN, has there been a time lasting at least 2 months when your mood was much improved or back to normal AND you DIDN'T have ANY of those OTHER experiences?**

1 ☐ Yes
2 ☐ No - *SKIP to 8a, page 72*

d. **Did this MOST RECENT time when your mood was much improved BEGIN to happen in the last 12 months?**

1 ☐ Yes
2 ☐ No

Section 4C - LOW MOOD II (Continued)

8a.	**In your ENTIRE LIFE, what was the LONGEST period you had when your mood was low and you had some of those other experiences?** *(Must be at least 2 years.)*	_____ Years - *SKIP to Check Item 4.25*
b.	**For how many years did that time last when your mood was low and you had some of the other experiences you mentioned?** *(Must be at least 2 years.)*	_____ Years
c.	**Since that time BEGAN, has there been a time lasting at least 2 months when your mood was much improved or back to normal AND you DIDN'T have ANY of those OTHER experiences?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.25*
d.	**Did this time when your mood was much improved BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.25	*Refer to Check Item 2.0, Section 2A, page 9.* Is respondent a lifetime abstainer of alcohol?	1 ☐ Yes - *SKIP to 11* 2 ☐ No
9.	**Did (that time/ANY of those times) when your mood was low for at least 2 years BEGIN to happen AFTER you were drinking heavily or a lot more than usual?**	1 ☐ Yes 2 ☐ No - *SKIP to 11*
10.	**Did (that time/ANY of those times) when your mood was low for at least 2 years BEGIN to happen DURING a period when you were experiencing the bad aftereffects of drinking?**	1 ☐ Yes 2 ☐ No
11.	**Did (that time/ANY of those times) when your mood was low for at least 2 years BEGIN to happen AFTER using a medicine or drug?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.26*
12.	**Did (that time/ANY of those times) when your mood was low for at least 2 years BEGIN to happen DURING a period when you were experiencing the bad aftereffects of a medicine or drug?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.26	Is at least 1 item marked "Yes" in 9, 10, 11 OR 12?	1 ☐ Yes 2 ☐ No - *SKIP to 14, page 73*
CHECK ITEM 4.27	Is number in 6a, 2 or more or unknown?	1 ☐ Yes - *SKIP to 13c* 2 ☐ No
13a.	**During that time, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 14, page 73*
b.	**Did you CONTINUE to have a low mood for at least 1 month AFTER you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No } *SKIP to 14, page 73*
c.	**Did the MOST RECENT time when your mood was low for at least 2 years BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.28, page 73*
d.	**During that MOST RECENT time, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/ medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.28, page 73*
e.	**Did you CONTINUE to have a low mood for at least 1 month AFTER you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No

Section 4C - LOW MOOD II (Continued)

CHECK ITEM 4.28	Is number entered in 6a, 3 or more or D or R?	1 ☐ Yes - *SKIP to 13i* 2 ☐ No
13f.	**Did the earlier time when your mood was low for at least 2 years BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 14*
g.	**During that earlier time, did you STOP (drinking heavily/using any medicine or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 14*
h.	**Did you CONTINUE to have a low mood for at least 1 month AFTER the earlier time when you STOPPED (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No } *SKIP to 14*
i.	**Did ANY of the earlier times when your mood was low for at least 2 years BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 14*
j.	**Did they ALL BEGIN to happen (after drinking heavily/ using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No
k.	**During ANY of those earlier times when your mood was low for at least 2 years (after drinking heavily/using a medicine or drug), did you STOP (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 14*
l.	**During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No
m.	**Did you CONTINUE to have a low mood for at least 1 month AFTER ANY of those earlier times when you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/ medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 14*
n.	**Did you CONTINUE to have a low mood for at least 1 month after ALL of those times?**	1 ☐ Yes 2 ☐ No
14.	**DURING (that time/ANY of those times) when your mood was low for at least 2 years, did you EVER go to any kind of counselor, therapist, doctor, psychologist or any person like that to help improve your mood or make you feel better?**	1 ☐ Yes 2 ☐ No
15a.	**DURING (that time/ANY of those times) when your mood was low for at least 2 years, were you a patient in a hospital for at least 1 night because of your low mood?**	1 ☐ Yes 2 ☐ No
b.	**Did you EVER go to an emergency room for help during (that time/ANY of those times) when you felt low?**	1 ☐ Yes 2 ☐ No
16.	**DURING (that time/ANY of those times) when your mood was low for at least 2 years, did a doctor prescribe any medicines or drugs to improve your mood or to make you feel better?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.29	Is at least 1 item marked "Yes" in 14 - 16? Did respondent ever seek help for their persistent low mood?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.30, page 74*

Section 4C - LOW MOOD II (Continued)

17a.	**About how old were you the FIRST time you went anywhere or saw anyone to get help for your low mood that lasted for at least 2 years?**	_____ Age
b.	**How old were you the MOST RECENT time you went anywhere or saw anyone to get help for your low mood that lasted at least 2 years?**	_____ Age OR 0 ☐ Happened only once
CHECK ITEM 4.30	*Refer to Check Item 2.0, Section 2A, page 9.* Is the respondent a lifetime abstainer of alcohol?	1 ☐ Yes - *SKIP to Check Item 4.30A* 2 ☐ No
18a.	**DURING (that time/ANY of those times) when your mood was low for at least 2 years did you OFTEN drink alcohol to improve your mood or to make yourself feel better?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.30A*
b.	**Did this happen during the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.30A*
c.	**Did this happen before 12 months ago, that is, before last** *(Month one year ago)***?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.30A	*Refer to Check Item 3.10, Section 3B, page 39.* Is the respondent a lifetime non-drug user?	1 ☐ Yes - *SKIP to Check Item 4.31* 2 ☐ No
19a.	**DURING (that time/ANY of those times) when your mood was low for at least 2 years, did you take any medicines or drugs ON YOUR OWN, that is without a prescription, in greater amounts, or more often or longer than prescribed to help improve your mood or to make yourself feel better?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.31*
b.	**Did this happen during the last 12 months?**	1 ☐ Yes 2 ☐ No- *SKIP to Check Item 4.31*
c.	**Did this happen before 12 months ago, that is, before last** *(Month one year ago)***?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.31	Is number in 6a, 2 or more or unknown?	1 ☐ Yes - *SKIP to 20c* 2 ☐ No
20a.	**Did that time when your mood was low for at least 2 years, BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No – *SKIP to Section 5, page 76*
b.	**Did a doctor or other health professional tell you that this time was related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *SKIP to Section 5, page 76*
c.	**Did the MOST RECENT time when your mood was low for at least 2 years BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.32*
d.	**Did a doctor or other health professional tell you that this MOST RECENT time was related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.32	Is number entered in 6a, 3 or more or D or R?	1 ☐ Yes - *SKIP to 20g* 2 ☐ No
20e.	**Did the EARLIER time when your mood was low for at least 2 years BEGIN to happen DURING a time you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 5, page 76*
f.	**Did a doctor or other health professional tell you this EARLIER time was related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *SKIP to Section 5, page 76*
g.	**Did ANY of the EARLIER times when your mood was low for at least 2 years BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 5, page 76*

Section 4C - LOW MOOD II (Continued)

20h.	**Did ALL of those EARLIER times when your mood was low for at least 2 years ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 20j*
i.	**Did a doctor or other health professional tell you that ALL of the EARLIER times like this were related to your physical illness or medical condition?**	1 ☐ Yes - *SKIP to Section 5, page 76* 2 ☐ No
j.	**Did a doctor or other health professional tell you that ANY of the EARLIER times like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *Go to Section 5, page 76*

Section 5 - HIGH MOOD

Statement **Now I'd like to ask you about OTHER moods and related experiences you may have had.**

1.	**In your ENTIRE LIFE, have you ever had a time lasting at least 1 week when you felt so extremely excited, elated or hyper that other people thought you weren't your normal self?**	1 ☐ Yes 2 ☐ No
2.	**In your ENTIRE LIFE, have you ever had a time lasting at least 1 week when you felt so extremely excited, elated or hyper that other people were concerned about you?**	1 ☐ Yes 2 ☐ No
3.	**In your ENTIRE LIFE, have you ever had a time lasting a least 1 week when you were so irritable or easily annoyed that you would shout at people, throw or break things, or start fights or arguments?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 5.1	Is at least 1 item marked "Yes" in 1 - 3?	1 ☐ Yes 2 ☐ No - *SKIP to Section 6, page 82*

6a.	**The next few questions are about experiences many people have had when they felt extremely (excited, elated or hyper/irritable or easily annoyed).** **During that time when (you were the most excited, elated or hyper/you felt the most irritable or easily annoyed), did you . . .** *(Repeat entire phrase frequently)*		**b.**
(1)	**Need much less sleep than usual?**	1 ☐ Yes - *Mark Box E1* 2 ☐ No - *Go to next experience*	**Box** 1 ☐ E1
(2)	**Find you were more talkative than usual?**	1 ☐ Yes - *Mark Box E2* 2 ☐ No - *Go to next experience*	**Box** 1 ☐ E2
(3)	**Talk so fast that people had trouble understanding you or couldn't get a word in edgewise?**	1 ☐ Yes - *Mark Box E2* 2 ☐ No - *Go to next experience*	
(4)	**Have trouble concentrating because little things going on around you easily got you off track?**	1 ☐ Yes - *Mark Box E3* 2 ☐ No - *Go to next experience*	**Box** 1 ☐ E3
(5)	**Find that your thoughts raced so fast that you couldn't keep track of them?**	1 ☐ Yes - *Mark Box E4* 2 ☐ No - *Go to next experience*	**Box** 1 ☐ E4
(6)	**Find that your thoughts raced so fast that it was hard to follow your own thoughts?**	1 ☐ Yes - *Mark Box E4* 2 ☐ No - *Go to next experience*	
(7)	**Feel so restless that you fidgeted, paced, or couldn't sit still?**	1 ☐ Yes - *Mark Box E5* 2 ☐ No - *Go to next experience*	**Box** 1 ☐ E5
(8)	**Become more active than usual, at work, at home, or in pursuing other interests?**	1 ☐ Yes - *Mark Box E5* 2 ☐ No - *Go to next experience*	
(9)	**Become more sexually active than usual or have sex with people you normally wouldn't be interested in?**	1 ☐ Yes - *Mark Box E5* 2 ☐ No - *Go to next experience*	
(10)	**Become so physically restless that it made you uncomfortable?**	1 ☐ Yes - *Mark Box E5* 2 ☐ No - *Go to next experience, page 77*	

Section 5 – HIGH MOOD (Continued)

6a. During that time when (you were the most excited, elated or hyper/you felt the most irritable or easily annoyed), did you . . . *(Repeat entire phrase frequently)*		b.
(11) **Do anything unusual that could have gotten you into trouble - like buying things you couldn't afford or didn't need, making foolish decisions about money, or driving recklessly?**	1 ☐ Yes - *Mark Box E6* 2 ☐ No - *Go to next experience*	**Box** 1 ☐ E6
(12) **Do anything that you later regretted - like spending time with people you normally wouldn't be interested in?**	1 ☐ Yes - *Mark Box E6* 2 ☐ No - *Go to next experience*	
(13) **Feel that you were an unusually important person or that you had special gifts, powers, or abilities to do things that most other people couldn't do?**	1 ☐ Yes - *Mark Box E7* 2 ☐ No - *Go to Check Item 5.3*	**Box** 1 ☐ E7

CHECK ITEM 5.3	Are at least 3 boxes marked for E1 - E7 in 6, column b?	1 ☐ Yes 2 ☐ No - *SKIP to Section 6, page 82*

7a. Now I'd like to ask you about some things that might have happened to you during that time when (you were the most excited, elated or hyper/you felt the most irritable or easily annoyed) for at least 1 week and when you had some of the other experiences you just mentioned.

During that time. . .

(1) **Were you uncomfortable or upset by feeling extremely (excited, elated or hyper/irritable or easily annoyed) or by any of those other experiences?**	1 ☐ Yes 2 ☐ No
(2) **Did you have any serious problems getting along with other people - like arguing with your friends, family, people at work or anyone else?**	1 ☐ Yes 2 ☐ No
(3) **Did you have any serious problems doing things you were supposed to do - like working, doing your schoolwork, or taking care of your home or family?**	1 ☐ Yes 2 ☐ No
(4) **Did you have trouble getting things done?**	1 ☐ Yes 2 ☐ No
(5) **Did you have any legal trouble - like being arrested, held at the police station or put in jail?**	1 ☐ Yes 2 ☐ No

8b.	**About how old were you the FIRST time you BEGAN to feel extremely (excited, elated or hyper/irritable or easily annoyed) for at least 1 week and when you also had some of the other experiences you just mentioned?** *Refer to other experiences marked "Yes" in 6a(1)-(13) and 7(1)-(5), pages 76 - 77, if necessary.*	_____ Age
CHECK ITEM 5.4	Is respondent's age in 8b within 1 year of his/her present age or is present age or 8b unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 9*
8c.	**Did this FIRST time BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
9.	**In your ENTIRE LIFE, how many SEPARATE times lasting at least 1 week were there when you felt extremely (excited, elated or hyper/irritable or easily annoyed) and when you also had some of the other experiences you mentioned?** **By separate times, I mean times separated by at least 2 months when your mood was back to normal, AND you DIDN'T have ANY of the OTHER experiences you mentioned.**	_____ Number
CHECK ITEM 5.5	Is number in 9, 2 or more or unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 11e, page 78*

Section 5 - HIGH MOOD (Continued)

10a. **How old were you the MOST RECENT time when you felt extremely (excited, elated or hyper/irritable or easily annoyed) and you also had some of those other experiences?**	_____ Age
CHECK ITEM 5.6A Is respondent's age in 10a within 1 year of his/her present age or is present age or 10a unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 11a*
10b. **Did this MOST RECENT time BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
11a. **How long did this MOST RECENT time last when you felt extremely (excited, elated or hyper/irritable or easily annoyed)?** *(Must be at least 1 week)*	_____ Week(s) OR _____ Month(s) OR _____ Year(s)
b. **Since this MOST RECENT time BEGAN, have there been at least 2 months when your mood was back to normal AND you DIDN'T have ANY of the OTHER experiences you mentioned?**	1 ☐ Yes 2 ☐ No - *SKIP to 11d*
CHECK ITEM 5.6B Is 10b marked "Yes"?	1 ☐ Yes - *SKIP to 11d* 2 ☐ No
11c. **Did this MOST RECENT time when your mood was back to normal BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
d. **In your ENTIRE LIFE, what was the LONGEST time that you've had when you felt extremely (excited, elated or hyper/irritable or easily annoyed)?** *(Must be at least 1 week)*	_____ Week(s) OR _____ Month(s) OR _____ Year(s) } *SKIP to Check Item 5.7*
e. **How long did that time last when you felt extremely (excited, elated or hyper/irritable or easily annoyed)?** *(Must be at least 1 week)*	_____ Week(s) OR _____ Month(s) OR _____ Year(s)
f. **Since that time BEGAN, have there been at least 2 months when your mood was back to normal AND you DIDN'T have ANY of the OTHER experiences that you mentioned?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.7*
CHECK ITEM 5.6C Is 8c marked "Yes"?	1 ☐ Yes - *SKIP to Check Item 5.7* 2 ☐ No
11g. **Did this time when your mood was back to normal BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 5.7 *Refer to Check Item 2.0, Section 2A, page 9.* Is respondent a lifetime abstainer of alcohol?	1 ☐ Yes - *SKIP to 14* 2 ☐ No
12. **Did (that time/ANY of those times) when you felt extremely (excited, elated or hyper/irritable or easily annoyed) BEGIN to happen AFTER you were drinking heavily or a lot more than usual?**	1 ☐ Yes 2 ☐ No - *SKIP to 14*
13. **Did (that time/ANY of those times) when you felt extremely (excited, elated or hyper/irritable or easily annoyed) BEGIN to happen DURING a period when you were experiencing the bad aftereffects of drinking?**	1 ☐ Yes 2 ☐ No
14. **Did (that time/ANY of those times) when you felt extremely (excited, elated or hyper/irritable or easily annoyed) BEGIN to happen AFTER using a medicine or drug?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.8*
15. **Did (that time/ANY of those times) when you felt extremely (excited, elated or hyper/irritable or easily annoyed) BEGIN to happen DURING a period when you were experiencing the bad aftereffects of a medicine or drug?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 5.8 Is at least 1 item marked "Yes" in 12, 13, 14 OR 15?	1 ☐ Yes 2 ☐ No - *SKIP to 17, page 80*
CHECK ITEM 5.9 Is Check Item 5.5 marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.10A, page 79*

Section 5 - HIGH MOOD (Continued)

16a.	**During that time, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 17, page 80*
b.	**Did you CONTINUE to feel extremely (excited, elated or hyper/irritable or easily annoyed) for at least 1 month AFTER you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No } *SKIP to 17, page 80*
CHECK ITEM 5.10A	Is 8c marked "Yes" or 10b marked "Yes" or 11c marked "Yes" or 11b marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.10B*
16c.	**Did ANY of the times when you felt extremely (excited, elated or hyper/irritable or easily annoyed) in the last 12 months BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.10B*
d.	**Did they ALL BEGIN to happen (after drinking heavily/ using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No
e.	**During ANY of those times in the last 12 months when you felt extremely (excited, elated or hyper/irritable or easily annoyed) after (drinking heavily/using a medicine or drug), did you STOP (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.10B*
f.	**During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No
g.	**Did you CONTINUE to feel extremely (excited, elated or hyper/irritable or easily annoyed) for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.10B*
h.	**Did you CONTINUE to feel extremely (excited, elated or hyper/irritable or easily annoyed) for at least 1 month after ALL of those times?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 5.10B	Is 8c marked "Yes"?	1 ☐ Yes - *SKIP to 17, page 80* 2 ☐ No
16i.	**Did ANY of the times when you felt extremely (excited, elated or hyper/irritable or easily annoyed) BEFORE 12 months ago BEGIN to happen (after drinking heavily/ using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 17, page 80*
j.	**Did they ALL BEGIN to happen (after drinking heavily/ using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No
k.	**During ANY of those times BEFORE 12 months ago when you felt extremely (excited, elated or hyper/ irritable or easily annoyed) after (drinking heavily/using a medicine or drug), did you STOP (drinking heavily/ using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 17, page 80*
l.	**During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No
m.	**Did you CONTINUE to feel extremely (excited, elated or hyper/irritable or easily annoyed) for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 17, page 80*

Section 5 - HIGH MOOD (Continued)

16n.	**Did you CONTINUE to feel extremely (excited, elated or hyper/irritable or easily annoyed) for at least 1 month after ALL of those times?**	1 ☐ Yes 2 ☐ No
17.	**Did you EVER go to any kind of counselor, therapist, doctor, psychologist or any person like that to calm down or feel better when you felt extremely (excited, elated or hyper/irritable or easily annoyed)?**	1 ☐ Yes 2 ☐ No
18a.	**Were you a patient in the hospital for at least 1 night because you felt extremely (excited, elated or hyper/ irritable or easily annoyed)?**	1 ☐ Yes 2 ☐ No
b.	**Did you EVER go to an emergency room for help at any time when you felt extremely (excited, elated or hyper/ irritable or easily annoyed)?**	1 ☐ Yes 2 ☐ No
19.	**Did a doctor EVER prescribe any medicines or drugs to help you calm down or feel better?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 5.11	Is at least 1 item marked "Yes" in 17 - 19?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.11A*
20a.	**About how old were you the FIRST time you went anywhere or saw anyone to get help for feeling extremely (excited, elated or hyper/irritable or easily annoyed)?**	_____ Age
b.	**How old were you the MOST RECENT time you went anywhere or saw anyone to get help for feeling extremely (excited, elated or hyper/irritable or easily annoyed)?**	_____ Age OR 0 ☐ Happened only once
CHECK ITEM 5.11A	*Refer to Check Item 2.0, Section 2A, page 9.* Is the respondent a lifetime abstainer of alcohol?	1 ☐ Yes - *SKIP to Check Item 5.11B* 2 ☐ No
21a.	**Did you EVER drink alcohol to calm down or to feel better when you felt extremely (excited, elated or hyper/irritable or easily annoyed)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.11B*
b.	**Did this happen during the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.11B*
c.	**Did this happen before 12 months ago, that is, before last *(Month one year ago)*?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 5.11B	*Refer to Check Item 3.10, Section 3B, page 39.* Is the respondent a lifetime non-drug user?	1 ☐ Yes - *SKIP to Check Item 5.12* 2 ☐ No
22a.	**Did you EVER take any medicines or drugs ON YOUR OWN, that is, without a prescription, in greater amounts, or more often or longer than prescribed, to help calm down or feel better when you felt extremely (excited, elated or hyper/irritable or easily annoyed)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.12*
b.	**Did this happen during the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.12*
c.	**Did this happen before 12 months ago, that is, before last *(Month one year ago)*?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 5.12	Is Check Item 5.5 marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.13A*
23a.	**Did that time when you felt extremely (excited, elated or hyper/irritable or easily annoyed) BEGIN to happen DURING a time when you were physically ill or getting over being ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 24a, page 81*
b.	**Did a doctor or other health professional tell you that this time was related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *SKIP to 24a, page 81*
CHECK ITEM 5.13A	Is 8c marked "Yes" or 10b marked "Yes" or 11c marked "Yes" or 11b marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.13B, page 81*

Section 5 - HIGH MOOD (Continued)

23c.	**Did ANY of the times when you felt extremely (excited, elated or hyper/irritable or easily annoyed) in the last 12 months BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.13B*
d.	**Did ALL of those times when you felt extremely (excited, elated or hyper/irritable or easily annoyed) in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 23f*
e.	**Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?**	1 ☐ Yes - *SKIP to Check Item 5.13B* 2 ☐ No
f.	**Did a doctor or other health professional tell you that ANY of the times like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 5.13B	Is 8c marked "Yes"?	1 ☐ Yes - *SKIP to 24a* 2 ☐ No
23g.	**Did ANY of the times BEFORE 12 months ago when you felt extremely (excited, elated or hyper/irritable easily annoyed) BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 24a*
h.	**Did ALL of those times BEFORE 12 months ago when you felt extremely (excited, elated or hyper/irritable or easily annoyed) ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 23j*
i.	**Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?**	1 ☐ Yes - *SKIP to 24a* 2 ☐ No
j.	**Did a doctor or other health professional tell you that ANY of the times like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No
24a.	**During (that time/ANY of those times) when you felt extremely (excited, elated, or hyper/irritable or easily annoyed), did you ever have a period lasting at least 1 week when you went back and forth between feeling extremely (excited, elated or hyper/irritable or easily annoyed) and feeling sad, blue, depressed or down or not caring about things or enjoying things?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 6, page 82*
b.	**During ALL of those times, did you have periods lasting at least 1 week when you went back and forth between feeling (excited, elated or hyper/irritable or easily annoyed) and feeling sad, blue, depressed or down or not caring about things or enjoying things?**	1 ☐ Yes 2 ☐ No } *Go to Section 6, page 82*

Section 6 - ANXIETY

Statement T **Now I'd like to ask you about feelings of nervousness that you might have experienced at some time in your life.**

1. **Have you EVER had a panic attack, when ALL OF A SUDDEN you felt frightened, overwhelmed or nervous, almost as if you were in great danger, but really weren't?**	1 ☐ Yes 2 ☐ No
2. **Were you EVER very surprised by a panic attack that happened totally out-of-the-blue, for no real reason, or in a situation where you didn't expect to be frightened or nervous?**	1 ☐ Yes 2 ☐ No
3. **Did you EVER think you were having a heart attack, but the doctor said it was just nerves or you were having a panic attack?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.1 Is at least 1 item marked "Yes" in 1 - 3?	1 ☐ Yes 2 ☐ No - *SKIP to Section 7, page 88*
6. **Now I'd like you to think about the time when you were having your worst panic attacks that happened OUT-OF-THE-BLUE. By worst panic attacks, I mean the ones that made you the most frightened, nervous, or overwhelmed.** **During your worst panic attacks did you . . .** *(Repeat phrase frequently)*	
(1) **Have trouble catching your breath, feel short of breath, or feel like you were smothering?**	1 ☐ Yes 2 ☐ No
(2) **Feel your heart racing, pounding or skipping?**	1 ☐ Yes 2 ☐ No
(3) **Tremble or shake?**	1 ☐ Yes 2 ☐ No
(4) **Perspire or sweat?**	1 ☐ Yes 2 ☐ No
(5) **Feel as if you were choking?**	1 ☐ Yes 2 ☐ No
(6) **Feel dizzy, lightheaded or as if you might faint?**	1 ☐ Yes 2 ☐ No
(7) **Feel that things around you seemed unreal or feel that you were detached from the things around you?**	1 ☐ Yes 2 ☐ No
(8) **Have tingling or numbness in any part of your body?**	1 ☐ Yes 2 ☐ No
(9) **Have flushes, hot flashes or chills?**	1 ☐ Yes 2 ☐ No
(10) **Feel nauseous, have an upset stomach, or feel you might vomit or have diarrhea?**	1 ☐ Yes 2 ☐ No
(11) **Have pain or pressure in your chest?**	1 ☐ Yes 2 ☐ No

Section 6 - ANXIETY (Continued)

6. **During your worst panic attacks did you . . .**

(12) **Feel you might go crazy or lose control?**

1 ☐ Yes
2 ☐ No

(13) **Feel you might die?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 6.3 Are at least 4 items marked "Yes" in 6 (1) - (13)?

1 ☐ Yes
2 ☐ No - *SKIP to Section 7, page 88*

7. **During the time you were having your worst panic attacks, did at least 4 of the other experiences you just mentioned begin suddenly and become very intense within 10 minutes or less?**

1 ☐ Yes
2 ☐ No

8. **After your worst panic attacks did you worry for at least 1 month that you might have another one?**

1 ☐ Yes
2 ☐ No

9. **After having your worst panic attacks did you worry a lot for at least 1 month about what might happen if you DID have another panic attack?**

1 ☐ Yes
2 ☐ No

10. **Did you make any changes in your everyday life, usual activities, or future plans after you had your worst panic attacks?**

1 ☐ Yes
2 ☐ No

11. **Now I'd like to ask you about some other things that may have happened to you after you had your worst panic attacks.**

After those worst panic attacks. . .

(1) **Were you uncomfortable or upset by your panic attacks or by any of these other experiences?**

1 ☐ Yes
2 ☐ No

(2) **Did you have any serious problems getting along with other people - like arguing with them or avoiding them more than usual?**

1 ☐ Yes
2 ☐ No

(3) **Did you have any serious problems doing things you were supposed to do - like working, doing your school work, or taking care of your home or family?**

1 ☐ Yes
2 ☐ No

(4) **Did you restrict your usual activities in any way because of your panic attacks?**

1 ☐ Yes
2 ☐ No

(5) **Was there anything you were unable to do because of your panic attacks?**

1 ☐ Yes
2 ☐ No

12a. **About how old were you the FIRST time you BEGAN to have panic attacks along with some of the other experiences you told me about?**

Refer to experiences marked "Yes" in 6(1) - (13) and 11(1) - (5), pages 82 - 83, if necessary.

_____ Age

CHECK ITEM 6.4 Is respondent's age in 12a within 1 year of his/her present age or is present age or 12a unknown?

1 ☐ Yes
2 ☐ No - *SKIP to 12c*

12b. **Did this FIRST time when you were having panic attacks BEGIN to happen during last 12 months?**

1 ☐ Yes
2 ☐ No

c. **After your first attacks, did you worry a lot about having another one for at least 1 month** ***(PAUSE)*** **or make a change in your everyday life or future plans as the result of having a panic attack?**

1 ☐ Yes
2 ☐ No

13. **In your ENTIRE LIFE, about how many SEPARATE times were there when you were having panic attacks along with some of those other experiences you mentioned?**

By separate times, I mean times separated by at least 2 months when you DIDN'T have any panic attacks.

_____ Number

CHECK ITEM 6.5 Is number in 13, 2 or more or unknown?

1 ☐ Yes
2 ☐ No - *SKIP to 15e, page 84*

Section 6 - ANXIETY (Continued)

14a. **How old were you the MOST RECENT time you BEGAN to have panic attacks along with some of the other experiences you mentioned?**

_____ Age

CHECK ITEM 6.6A Is respondent's age in 14a within 1 year of his/her present age or is present age or 14a unknown?

1 ☐ Yes
2 ☐ No - *SKIP to 14c*

14b. **Did this MOST RECENT time BEGIN to happen during the last 12 months?**

1 ☐ Yes
2 ☐ No

c. **After these MOST RECENT attacks, did you worry about having another one for at least 1 month *(PAUSE)* or make a change in your everyday life or plans as the result of having the attacks?**

1 ☐ Yes
2 ☐ No

15a. **How long did this MOST RECENT time last when you were experiencing panic attacks, that is from the time the first attack happened to the time the attacks completely stopped for 2 months?**

_____ Day(s)
OR
_____ Week(s)
OR
_____ Month(s)
OR
_____ Year(s)

b. **Since this MOST RECENT time when your panic attacks BEGAN, have there been at least 2 months when you DIDN'T have ANY panic attacks?**

1 ☐ Yes
2 ☐ No - *SKIP to 15d*

CHECK ITEM 6.6B Is 14b marked "Yes"?

1 ☐ Yes - *SKIP to 15d*
2 ☐ No

15c. **Did this MOST RECENT time you DIDN'T have ANY panic attacks for at least 2 months BEGIN to happen in the last 12 months?**

1 ☐ Yes
2 ☐ No

d. **In your ENTIRE LIFE, what was the LONGEST period you had when you were having panic attacks, that is, from the time the first attack happened to the time the attacks stopped completely for at least 2 months?**

_____ Day(s)
OR
_____ Week(s)
OR
_____ Month(s)
OR
_____ Year(s)

SKIP to Check Item 6.7

e. **How long did that time last when you were having panic attacks, that is, from the time the first panic attack happened to the time the attacks stopped completely for at least 2 months?**

_____ Day(s)
OR
_____ Week(s)
OR
_____ Month(s)
OR
_____ Year(s)

f. **Since that time when your panic attacks BEGAN, have there been at least 2 months when you DIDN'T have ANY panic attacks?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 6.7*

CHECK ITEM 6.6C Is 12b marked "Yes"?

1 ☐ Yes - *SKIP to Check Item 6.7*
2 ☐ No

15g. **Did that time when you DIDN'T have ANY panic attacks for at least 2 months BEGIN to happen in the last 12 months?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 6.7 *Refer to Check Item 2.0, Section 2A, page 9.*

Is respondent a lifetime abstainer of alcohol?

1 ☐ Yes - *SKIP to 18*
2 ☐ No

16. **Did (that time/ANY of those times) when you were having panic attacks BEGIN to happen AFTER you were drinking heavily or a lot more than usual?**

1 ☐ Yes
2 ☐ No - *SKIP to 18*

17. **Did (that time/ANY of those times) when you were having panic attacks BEGIN to happen DURING a period when you were experiencing the bad aftereffects of drinking?**

1 ☐ Yes
2 ☐ No

18. **Did (that time/ANY of those times) when you were having panic attacks BEGIN to happen AFTER using a medicine or drug?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 6.8, page 85*

Section 6 - ANXIETY (Continued)

19.	**Did (that time/ANY of those times) when you were having panic attacks BEGIN to happen DURING a period when you were experiencing the bad aftereffects of a medicine or drug?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.8	Is at least 1 item marked "Yes" in 16, 17, 18 OR 19?	1 ☐ Yes 2 ☐ No - *SKIP to 21, page 86*
CHECK ITEM 6.9	Is Check Item 6.5 marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.10*
20a.	**During that time did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 21, page 86*
b.	**Did you CONTINUE to have panic attacks for at least 1 month AFTER you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No } *SKIP to 21, page 86*
CHECK ITEM 6.10	Is 12b marked "Yes" or 14b marked "Yes" or 15c marked "Yes" or 15b marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.10A*
20c.	**Did ANY of the times when you were having panic attacks in the last 12 months BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.10A*
d.	**Did they ALL BEGIN to happen (after drinking heavily/ using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No
e.	**During ANY of those times in the last 12 months when you were having panic attacks after (drinking heavily/ using a medicine or drug), did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.10A*
f.	**During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No
g.	**Did you CONTINUE to have panic attacks for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.10A*
h.	**Did you CONTINUE to have panic attacks for at least 1 month AFTER ALL of those times?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.10A	Is 12b marked "Yes"?	1 ☐ Yes - *SKIP to 21, page 86* 2 ☐ No
20i.	**Did ANY of the times when you were having panic attacks BEFORE 12 months ago BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/ medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 21, page 86*
j.	**Did they ALL BEGIN to happen (after drinking heavily/ using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No
k.	**During ANY of those times BEFORE 12 months ago when you were having panic attacks after (drinking heavily/using a medicine or drug), did you STOP (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 21, page 86*
l.	**During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No

Section 6 - ANXIETY (Continued)

20m.	**Did you CONTINUE to have panic attacks for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 21*
n.	**Did you CONTINUE to have panic attacks for at least 1 month AFTER ALL of those times?**	1 ☐ Yes 2 ☐ No
21.	**Did you EVER go to any kind of counselor, therapist, doctor, psychologist or any other person like that to get help for panic attacks?**	1 ☐ Yes 2 ☐ No
22.	**Did you EVER go to an emergency room to get help for your panic attacks?**	1 ☐ Yes 2 ☐ No
23.	**Were you EVER a patient in any kind of hospital overnight or longer because of your panic attacks?**	1 ☐ Yes 2 ☐ No
24.	**Did a doctor EVER prescribe any medicines or drugs for your panic attacks?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.11	Is at least 1 item marked "Yes" in 21 - 24? Did respondent ever seek help for their panic attacks?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.11A*
25a.	**How old were you the FIRST time you went anywhere or saw anyone to get help for panic attacks?**	_____ Age
b.	**How old were you the MOST RECENT time you went anywhere or saw anyone to get help for your panic attacks?**	_____ Age OR 0 ☐ Happened only once
CHECK ITEM 6.11A	*Refer to Check Item 2.0, Section 2a, page 9.* Is the respondent a lifetime abstainer of alcohol?	1 ☐ Yes - *SKIP to Check Item 6.11B* 2 ☐ No
26a.	**Did you EVER drink alcohol to keep from having panic attacks?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.11B*
b.	**Did this happen in the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.11B*
c.	**Did this happen before 12 months ago, that is, before last** *(Month one year ago)***?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.11B	*Refer to Check Item 3.10, Section 3B, page 39.* Is the respondent a lifetime non-drug abuser?	1 ☐ Yes - *SKIP to Check Item 6.12* 2 ☐ No
27a.	**Did you ever take any medicines or drugs ON YOUR OWN, that is, without a prescription, in greater amounts, or more often or longer than prescribed to keep from having panic attacks?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.12*
b.	**Did this happen during the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.12*
c.	**Did this happen before 12 months ago, that is, before last** *(Month one year ago)***?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.12	Is Check Item 6.5 marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.13, page 87*
28a.	**Did your panic attacks BEGIN to happen DURING a time when you where physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 29a, page 87*
b.	**Did a doctor or other health professional tell you that these panic attacks were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *SKIP to 29a, page 87*

Section 6 - ANXIETY (Continued)

CHECK ITEM 6.13	Is 12b marked "Yes" or 14b marked "Yes" or 15c marked "Yes" or 15b marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.13A*
28c.	**Did ANY of the panic attacks you had in the last 12 months BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.13A*
d.	**Did ALL of those panic attacks that you had in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 28f*
e.	**Did a doctor or other health professional tell you that ALL of the panic attacks you had like this were related to your physical illness or medical condition?**	1 ☐ Yes - *SKIP to Check Item 6.13A* 2 ☐ No
f.	**Did a doctor or other health professional tell you that ANY of the panic attacks you had like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.13A	Is 12b marked "Yes"?	1 ☐ Yes - *SKIP to 29a* 2 ☐ No
28g.	**Did ANY of the panic attacks you had BEFORE 12 months ago BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 29a*
h.	**Did ALL of those panic attacks you had BEFORE 12 months ago ONLY BEGIN to happen DURING times when you were physically ill or getting over being ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 28j*
i.	**Did a doctor or other health professional tell you that ALL of the panic attacks you had like this were related to your physical illness or medical condition?**	1 ☐ Yes - *SKIP to 29a* 2 ☐ No
j.	**Did a doctor or other health professional tell you that ANY of the panic attacks you had like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No
29a.	**Did you EVER have a panic attack during a time when you were thinking about an extremely stressful experience you had in the past - like being in a war, being attacked, or being in a bad accident or a fire?**	1 ☐ Yes 2 ☐ No - *SKIP to 30a*
b.	**Did your panic attacks ONLY happen when you were thinking about an extremely stressful experience you had in the past?**	1 ☐ Yes 2 ☐ No
30a.	**Did you EVER have a panic attack during a time when you were frightened and nervous about being away from home or away from the people who were important to you?**	1 ☐ Yes 2 ☐ No - *SKIP to 31a*
b.	**Did your panic attacks ONLY happen when you were nervous and worried about being away from home or away from the people who were important to you?**	1 ☐ Yes 2 ☐ No
31a.	**Did you EVER have a panic attack during a time when you were afraid of being contaminated by dirt or germs?**	1 ☐ Yes 2 ☐ No - *SKIP to 32a*
b.	**Did your panic attacks ONLY happen when you were afraid of being contaminated by dirt or germs?**	1 ☐ Yes 2 ☐ No
32a.	**Did you EVER have a panic attack during a time when you were afraid you might be embarrassed by having to do something over and over to make yourself feel comfortable - like counting, checking, ordering or repeating things over and over?**	1 ☐ Yes 2 ☐ No - *SKIP to 33a*
b.	**Did your panic attacks ONLY happen when you were afraid you might be embarrassed by having to do something over and over to make yourself feel comfortable?**	1 ☐ Yes 2 ☐ No
33a.	**Did you EVER have a panic attack during a time when you were afraid that you WOULDN'T be able to do things over and over again to make yourself feel comfortable?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 7, page 88*
b.	**Did your panic attacks ONLY happen when you were afraid you WOULDN'T be able to do things over and over again to make yourself feel comfortable?**	1 ☐ Yes 2 ☐ No } *Go to Section 7, page 88*

Section 7 - SOCIAL SITUATIONS

Statement U **The next few questions are about SOCIAL SITUATIONS which may have made you nervous at some time in your life.**

1. **Some people have such a strong fear of social situations, like doing things in front of other people or being the center of attention, that they become very frightened and nervous or they try to avoid them.** **Did you EVER have such a STRONG FEAR or avoidance of any social situation?**	1 ☐ Yes 2 ☐ No
2. **Did you EVER have a STRONG FEAR or avoidance of any social situation because you were afraid of being embarrassed by what you might say or do around other people?**	1 ☐ Yes 2 ☐ No
3. **Did you EVER have a STRONG FEAR or avoidance of any social situation because you were afraid you would become speechless, have nothing to say or you might say something foolish?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 7.0 Is "Yes" marked in 1 or 2 or 3? Did respondent ever have a strong fear of any social situation?	1 ☐ Yes 2 ☐ No - *SKIP to Section 8, page 95*
4a. **Now I'd like to know about the kinds of social situations that made you very frightened and nervous.** **Have you EVER had a strong fear or avoidance of . . .** *(Repeat phrase frequently).*	
(1) **Speaking or talking in front of other people?**	1 ☐ Yes 2 ☐ No
(2) **Having conversations with people you don't know well?**	1 ☐ Yes 2 ☐ No
(3) **Going to parties or other social gatherings?**	1 ☐ Yes 2 ☐ No
(4) **Eating or drinking in public?**	1 ☐ Yes 2 ☐ No
(5) **Writing while someone else was watching?**	1 ☐ Yes 2 ☐ No
(6) **Dating?**	1 ☐ Yes 2 ☐ No
(7) **Being in a small group situation?**	1 ☐ Yes 2 ☐ No
(8) **Taking part or speaking in a class?**	1 ☐ Yes 2 ☐ No
(9) **Being interviewed?**	1 ☐ Yes 2 ☐ No
(10) **Taking part or speaking at a meeting?**	1 ☐ Yes 2 ☐ No
(11) **Performing in front of other people?**	1 ☐ Yes 2 ☐ No
(12) **Taking an important exam?**	1 ☐ Yes 2 ☐ No
(13) **Speaking to an authority figure - like a teacher or a boss?**	1 ☐ Yes 2 ☐ No
b. **Have you EVER had a strong fear or avoidance of any other social situation that made you nervous, frightened or anxious?**	1 ☐ Yes 2 ☐ No
5. **Did THINKING ABOUT any of these social situations ALMOST ALWAYS make you nervous, frightened or anxious?**	1 ☐ Yes 2 ☐ No

Section 7 - SOCIAL SITUATIONS (Continued)

6.	**When you had to be in any of these social situations, did you USUALLY become upset, nervous or anxious?**	1 ☐ Yes 2 ☐ No
7.	**Did you EVER remain in any of these social situations because you had to be there, even though it made you very frightened, nervous or anxious?**	1 ☐ Yes 2 ☐ No
8.	**Did you EVER avoid any of these social situations because of your STRONG FEAR OF THEM?**	1 ☐ Yes 2 ☐ No
9.	**Did you EVER think that you were more frightened, nervous or anxious about these social situations than most people?**	1 ☐ Yes 2 ☐ No
10.	**Did you EVER think that your fear or avoidance of any of these social situations was stronger than it should have been?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 7.1	Is "Yes" marked in Check Item 6.3, Section 6, page 83? Did respondent ever have a panic attack?	1 ☐ Yes 2 ☐ No - *SKIP to 16*
11.	**When you were in any of these social situations that made you frightened and nervous, did you EVER have a panic attack?**	1 ☐ Yes 2 ☐ No - *SKIP to 13*
12.	**Did your panic attacks ONLY happen when you were in any of these social situations or when you thought you might have to be in them?**	1 ☐ Yes 2 ☐ No
13.	**Were you ever frightened of any of these social situations because you were afraid of having a panic attack or afraid you might be embarrassed or not able to find help if you had a panic attack?**	1 ☐ Yes 2 ☐ No
14.	**Did you ever remain in any of these social situations because you had to be there, even though you were very nervous and anxious about having a panic attack?**	1 ☐ Yes 2 ☐ No
15a.	**Did you avoid any of these social situations because you were afraid of having a panic attack?**	1 ☐ Yes 2 ☐ No
b.	**When you had to be in any of these social situations, did you often need to bring someone along with you in case you had a panic attack?**	1 ☐ Yes 2 ☐ No
16.	**Did being in any of these social situations, or THINKING ABOUT THEM, or avoiding them, EVER . . .** *(Repeat phrase frequently)*	
	(1) Upset you or make you feel uncomfortable?	1 ☐ Yes 2 ☐ No
	(2) Interfere with your relationships with other people - like arguing with them or avoiding them?	1 ☐ Yes 2 ☐ No
	(3) Interfere with doing things you were supposed to do - like working, doing your schoolwork, or taking care of your home or family?	1 ☐ Yes 2 ☐ No
	(4) Restrict your usual activities in any way?	1 ☐ Yes 2 ☐ No
	(5) Keep you from doing something you wanted to do?	1 ☐ Yes 2 ☐ No
17a.	**About how old were you the FIRST TIME you BEGAN to experience a strong fear or avoidance of any social situation?**	_____ Age
CHECK ITEM 7.2A	Is respondent's age in 17a within 1 year of his/her present age or is 17a or present age unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 17c, page 90*

Section 7 - SOCIAL SITUATIONS (Continued)

17b. **Did this FIRST time BEGIN to happen during the last 12 months?**

1 ☐ Yes
2 ☐ No

c. **In your ENTIRE LIFE how many SEPARATE times were there when you had a strong fear or avoidance of any social situation?**

By separate times, I mean times separated by at least 2 months when you WEREN'T afraid of social situations and you DIDN'T try to avoid them.

If respondent says "All my life" or "There was never a time when I didn't fear or avoid situation", code 1.

_____ Number

CHECK ITEM 7.2B Is number entered in 17c, 2 or more or unknown?

1 ☐ Yes
2 ☐ No - *SKIP to 20a*

18a. **How old were you the MOST RECENT time you BEGAN to experience a strong fear or avoidance of any social situation?**

_____ Age

CHECK ITEM 7.3A Is respondent's age in 18a within 1 year of his/her present age or is present age or 18a unknown?

1 ☐ Yes
2 ☐ No - *SKIP to 19a*

18b. **Did this MOST RECENT time when you feared or avoided any social situation BEGIN to happen during the last 12 months?**

1 ☐ Yes
2 ☐ No

19a. **How long did this MOST RECENT time last when you were afraid of or avoided any social situation?**

_____ Week(s)
OR
_____ Month(s)
OR
_____ Year(s)

b. **Since this MOST RECENT time BEGAN, have there been at least 2 months when you WEREN'T afraid of any social situation and you DIDN'T try to avoid them?**

1 ☐ Yes
2 ☐ No - *SKIP to 19d*

CHECK ITEM 7.3B Is 18b marked "Yes" or unknown?

1 ☐ Yes - *SKIP to 19d*
2 ☐ No

19c. **Did this MOST RECENT time when you WEREN'T afraid of any social situation and DIDN'T try to avoid them BEGIN to happen in the last 12 months?**

1 ☐ Yes
2 ☐ No

d. **In your ENTIRE LIFE, what was the LONGEST period you had when you were afraid of or avoided any social situation.**

_____ Week(s)
OR
_____ Month(s)
OR
_____ Year(s)

} *SKIP to Check Item 7.4*

20a. **How long did that period last when you were afraid of or avoided any social situation?**

_____ Week(s)
OR
_____ Month(s)
OR
_____ Year(s)

b. **Since that time BEGAN, have there been at least 2 months when you WEREN'T afraid of any social situation and you DIDN'T try to avoid them?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 7.4*

CHECK ITEM 7.3C Is 17b marked "Yes"?

1 ☐ Yes - *SKIP to Check item 7.4*
2 ☐ No

20c. **Did that time when you WEREN'T afraid of social situations and DIDN'T try to avoid them BEGIN to happen in the last 12 months?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 7.4 *Refer to Check Item 2.0, Section 2A, page 9.*

Is the respondent a lifetime abstainer of alcohol?

1 ☐ Yes - *SKIP to 23, page 91*
2 ☐ No

Section 7 - SOCIAL SITUATIONS (Continued)

21. **Did (that time/ANY of those times) when you had a strong fear or avoidance of social situations BEGIN to happen AFTER you were drinking heavily or a lot more than usual?**	1 ☐ Yes 2 ☐ No - *SKIP to 23*
22. **Did (that time/ANY of those times) when you had a strong fear or avoidance of social situations BEGIN to happen DURING a period when you were experiencing the bad aftereffects of drinking?**	1 ☐ Yes 2 ☐ No
23. **Did (that time/ANY of those times) when you had a strong fear or avoidance of social situations BEGIN to happen AFTER using a medicine or drug?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 7.5*
24. **Did (that time/ANY of those times) when you had a strong fear or avoidance of social situations BEGIN to happen DURING a period when you were experiencing the bad aftereffects of a medicine or drug?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 7.5 Is at least 1 item marked "Yes" in 21, 22, 23 or 24?	1 ☐ Yes 2 ☐ No - *SKIP to 26*
CHECK ITEM 7.6A Is Check Item 7.2B marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 7.6B*
25a. **During that time, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 26*
b. **Did you CONTINUE to have a strong fear or avoidance of any social situation for at least 1 month AFTER you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No } *SKIP to 26, page 92*
CHECK ITEM 7.6B Is 17b marked "Yes" or 18b marked "Yes" or 19c marked "Yes" or 19b marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 7.6C*
25c. **Did ANY of the times when you had a strong fear or avoidance of social situations in the last 12 months BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 7.6C*
d. **Did they ALL BEGIN to happen when you were (drinking heavily/using a medicine or drug/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No
e. **During ANY of those times in the last 12 months when you had a strong fear or avoidance of social situations after (drinking heavily/using a medicine or drug), did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/ medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 7.6C*
f. **During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No
g. **Did you CONTINUE to have a strong fear or avoidance of any social situation for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 7.6C*
h. **Did you CONTINUE to have a strong fear or avoidance of any social situation for at least 1 month AFTER ALL of those times?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 7.6C Is 17b marked "Yes"?	1 ☐ Yes - *SKIP to 26, page 92* 2 ☐ No

Section 7 - SOCIAL SITUATIONS (Continued)

25i.	**Did ANY of the times when you had a strong fear or avoidance of social situations BEFORE 12 months ago BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 26*
j.	**Did they ALL BEGIN to happen (after drinking heavily/ using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No
k.	**During ANY of those times BEFORE 12 months ago when you had a strong fear or avoidance of social situations after (drinking heavily/using a medicine or drug), did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP 26*
l.	**During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No
m.	**Did you CONTINUE to have a strong fear or avoidance of any social situation for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/ medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 26*
n.	**Did you CONTINUE to have a strong fear or avoidance of any social situation for at least 1 month AFTER ALL of those times?**	1 ☐ Yes 2 ☐ No
26.	**Did you EVER go to any kind of counselor, therapist, doctor, psychologist or any person like that to get help for your fear or avoidance of social situations?**	1 ☐ Yes 2 ☐ No
27.	**Did you EVER go to an emergency room to get help for your fear or avoidance of social situations?**	1 ☐ Yes 2 ☐ No
28.	**Were you EVER a patient in any kind of hospital overnight or longer because of your fear or avoidance of any social situation?**	1 ☐ Yes 2 ☐ No
29.	**Did a doctor EVER prescribe any medicines or drugs for your fear or avoidance of social situations?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 7.7	Is at least 1 item marked "Yes" in 26 - 29? Did respondent ever seek help for fear of social situations?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 7.7A*
30a.	**About how old were you the FIRST time you went anywhere or saw anyone to get help for your fear or avoidance of social situations?**	_____ Age
b.	**How old were you the MOST RECENT time you went anywhere or saw anyone to get help for your fear or avoidance of social situations?**	_____ Age OR 0 ☐ Happened only once
CHECK ITEM 7.7A	*Refer to Check Item 2.0, Section 2A, page 9.* Is the respondent a lifetime abstainer of alcohol?	1 ☐ Yes - *SKIP to Check Item 7.7B, page 93* 2 ☐ No
31a.	**Did you EVER drink alcohol to reduce your fear or avoidance of any social situation?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 7.7B, page 93*
b.	**Did this happen during the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 7.7B, page 93*
c.	**Did this happen before 12 months ago, that is, before last** *(Month one year ago)***?**	1 ☐ Yes 2 ☐ No

Section 7 - SOCIAL SITUATIONS (Continued)

CHECK ITEM 7.7B — *Refer to Check Item 3.10, Section 3B, page 39.*

Is the respondent a lifetime non-drug user?

1 ☐ Yes - *SKIP to Check Item 7.8*
2 ☐ No

32a. **Did you EVER take any medicines or drugs ON YOUR OWN, that is without a prescription, in greater amounts or more often or longer than prescribed to reduce your fear or avoidance of social situations?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 7.8*

b. **Did this happen during the last 12 months?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 7.8*

c. **Did this happen before 12 months ago, that is, before last** *(Month one year ago)***?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 7.8 — Check Item 7.2B marked "No"?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 7.9A*

33a. **Did your fear or avoidance of social situations BEGIN to happen during a time when you were physically ill or getting over being physically ill?**

1 ☐ Yes
2 ☐ No - *SKIP to 34a*

b. **Did a doctor or other health professional tell you that your fear or avoidance of social situations was related to your physical illness or medical condition?**

1 ☐ Yes
2 ☐ No
} *SKIP to 34a*

CHECK ITEM 7.9A — Is 17b marked "Yes" or 18b marked "Yes" or 19c marked "Yes" or 19b marked "No"?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 7.9B*

33c. **Did ANY of the times when you feared or avoided social situations in the last 12 months BEGIN to happen DURING a time you were physically ill or getting over being physically ill?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 7.9B*

d. **Did ALL of those times when you feared or avoided social situations in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**

1 ☐ Yes
2 ☐ No - *SKIP to 33f*

e. **Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?**

1 ☐ Yes - *SKIP to Check Item 7.9B*
2 ☐ No

f. **Did a doctor or other health professional tell you that ANY of the times like this were related to your physical illness or medical condition?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 7.9B — Is 17b marked "Yes"?

1 ☐ Yes - *SKIP to 34a*
2 ☐ No

33g. **Did ANY of the times when you feared or avoided social situations BEFORE 12 months ago BEGIN to happen DURING a time when you were physically ill or getting over being ill?**

1 ☐ Yes
2 ☐ No - *SKIP to 34a*

h. **Did ALL of those times when you feared or avoided social situations BEFORE 12 months ago ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**

1 ☐ Yes
2 ☐ No - *SKIP to 33j*

i. **Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?**

1 ☐ Yes - *SKIP to 34a*
2 ☐ No

j. **Did a doctor or other health professional tell you that ANY of the times like this were related to your physical illness or medical condition?**

1 ☐ Yes
2 ☐ No

34a. **Did your fear or avoidance of social situations EVER happen during a period when you were afraid you might be embarrassed by a physical problem that you couldn't always control - like stuttering, twitching, blinking your eyes, or being unable to control your bladder?**

1 ☐ Yes
2 ☐ No - *SKIP to 35a, page 94*

b. **Did your fear of social situations ONLY happen when you were afraid you might be embarrassed by a physical problem you couldn't always control?**

1 ☐ Yes
2 ☐ No

Section 7 - SOCIAL SITUATIONS (Continued)

35a.	**Did your fear or avoidance of social situations EVER happen during a period when you were afraid you might be embarrassed by your eating habits - like eating large amounts of food in a very short period of time** *(PAUSE)* **or eating too little because you were afraid of getting too fat?**	1 ☐ Yes 2 ☐ No - *SKIP to 36a*
b.	**Did your fear of social situations ONLY happen when you were afraid you might be embarrassed by your eating habits?**	1 ☐ Yes 2 ☐ No
36a.	**Did your fear or avoidance of social situations EVER happen during a period when you were afraid you might be embarrassed by a physical illness or problem or something you felt was terribly wrong with the way you looked?**	1 ☐ Yes 2 ☐ No - *SKIP to 37a*
b.	**Did your fear of social situations ONLY happen when you were afraid you might be embarrassed by a physical illness or problem or something you felt was terribly wrong with the way you looked?**	1 ☐ Yes 2 ☐ No
37a.	**Did your fear or avoidance of social situations EVER happen during a period when you were thinking about an extremely stressful experience you had in the past - like being in a war, being attacked, or being in a bad accident or a fire?**	1 ☐ Yes 2 ☐ No - *SKIP to 38a*
b.	**Did your fear of social situations ONLY happen when you were thinking about an extremely stressful experience you had in the past?**	1 ☐ Yes 2 ☐ No
38a.	**Did your fear or avoidance of social situations EVER happen during a period when you were frightened, nervous or worried about being away from home or away from the people who were important to you?**	1 ☐ Yes 2 ☐ No - *SKIP to 39a*
b.	**Did your fear of social situations ONLY happen when you were frightened, nervous or worried about being away from home or away from the people who were important to you?**	1 ☐ Yes 2 ☐ No
39a.	**Did your fear or avoidance of social situations EVER happen during a period when you were afraid of being contaminated by dirt or germs?**	1 ☐ Yes 2 ☐ No - *SKIP to 40a*
b.	**Did your fear of social situations ONLY happen when you were afraid of being contaminated by dirt or germs?**	1 ☐ Yes 2 ☐ No
40a.	**Did your fear or avoidance of social situations EVER happen during a period when you were afraid you might be embarrassed by having to do something over and over to make yourself comfortable - like counting, checking, ordering or repeating things over and over?**	1 ☐ Yes 2 ☐ No - *SKIP to 41a*
b.	**Did your fear of social situations ONLY happen when you were afraid you might be embarrassed by having to do something over and over to make yourself comfortable?**	1 ☐ Yes 2 ☐ No
41a.	**Did your fear or avoidance of social situations EVER happen during a period when you were afraid that you WOULDN'T be able to do things over and over to make yourself comfortable?**	1 ☐ Yes 2 ☐ No – *SKIP to Section 8, page 95*
b.	**Did your fear of social situations ONLY happen when you were afraid that you WOULDN'T be able to do things over and over to make yourself comfortable?**	1 ☐ Yes 2 ☐ No } *Go to Section 8, page 95*

Section 8 - SPECIFIC SITUATIONS

Statement V **The next few questions are about objects or OTHER situations which may have made you nervous at some time in your life.**

1a. **Some people have such a strong fear of SPECIFIC SITUATIONS or OBJECTS that they become very frightened and nervous in such situations or THINKING ABOUT such objects or situations, or they try to avoid them.** **Have you EVER had a strong fear or avoidance of . . .** *(Repeat phrase frequently)*	
(1) **Insects, snakes, birds or other animals?**	1 ☐ Yes 2 ☐ No
(2) **Heights - like tall buildings, bridges or mountains?**	1 ☐ Yes 2 ☐ No
(3) **Storms, thunder or lightning?**	1 ☐ Yes 2 ☐ No
(4) **Being in or on the water - like swimming or boating?**	1 ☐ Yes 2 ☐ No
(5) **Flying?**	1 ☐ Yes 2 ☐ No
(6) **Being in a crowd or standing in a line?**	1 ☐ Yes 2 ☐ No
(7) **Being in closed spaces - like a cave, tunnel or elevator?**	1 ☐ Yes 2 ☐ No
(8) **Seeing blood or getting an injection?**	1 ☐ Yes 2 ☐ No
(9) **Traveling in buses, cars or trains?**	1 ☐ Yes 2 ☐ No
(10) **Going to the dentist?**	1 ☐ Yes 2 ☐ No
(11) **Visiting or being in a hospital?**	1 ☐ Yes 2 ☐ No
(12) **Being outside your home alone?**	1 ☐ Yes 2 ☐ No
b. **Have you EVER had a strong fear or avoidance of any other SPECIFIC object or situation? Do not include social situations.**	1 ☐ Yes 2 ☐ No
CHECK ITEM 8.0 Is at least 1 item marked "Yes" in 1a (1) - (12) or in 1b?	1 ☐ Yes 2 ☐ No - *SKIP to Section 9, page 101*
2. **When you had to be near any of these objects or in any of these situations, did you USUALLY become upset, nervous or anxious?**	1 ☐ Yes 2 ☐ No
3. **Did THINKING about any of these objects or situations ALMOST ALWAYS make you nervous, frightened or anxious?**	1 ☐ Yes 2 ☐ No
4. **Did you ever go near any of these objects or into any of these situations because you had to be there, even though they made you very nervous, frightened or anxious?**	1 ☐ Yes 2 ☐ No
5. **Did you avoid any of these objects or situations because of your STRONG FEAR OF THEM?**	1 ☐ Yes 2 ☐ No
6. **Did you ever think that you were more frightened and nervous of these objects or situations than most people?**	1 ☐ Yes 2 ☐ No
7. **Did you ever think that your fear of any of these objects or situations was stronger than it should have been?**	1 ☐ Yes 2 ☐ No

Section 8 - SPECIFIC SITUATIONS (Continued)

CHECK ITEM 8.1 Is Check Item 6.3, Section 6, page 83, marked "Yes"?

Did respondent ever have a panic attack?

1 ☐ Yes
2 ☐ No - *SKIP to 13*

8a. **When you were near any of these objects or in any of the situations that made you frightened, nervous or anxious, did you EVER have a panic attack?**

1 ☐ Yes
2 ☐ No - *SKIP to 9*

b. **Did your panic attacks ONLY happen when you were near any of these objects or in any of these situations or when you thought you might have to be near them or in them?**

1 ☐ Yes
2 ☐ No

9. **Were you ever frightened of any of these objects or situations because you were afraid of having a panic attack or afraid you might be embarrassed or not able to find help if you had a panic attack?**

1 ☐ Yes
2 ☐ No

10. **Did you avoid any of these objects or situations because you were afraid of having a panic attack?**

1 ☐ Yes
2 ☐ No

11. **Did you ever go near any of these objects or go into any of these situations because you had to, even though you were worried about having a panic attack?**

1 ☐ Yes
2 ☐ No

12. **When you had to be near any of these objects or in any of these situations, did you need to bring someone along with you in case you had a panic attack?**

1 ☐ Yes
2 ☐ No

13. **Did being near any of these objects or in any of these situations, or THINKING ABOUT THEM or avoiding them, EVER . . .**
(Repeat phrase frequently)

(1) **Upset you or make you feel uncomfortable?**

1 ☐ Yes
2 ☐ No

(2) **Interfere with your relationships with other people - like arguing with them or avoiding them?**

1 ☐ Yes
2 ☐ No

(3) **Interfere with doing things you were supposed to do - like working, doing your schoolwork, or taking care of your home or family?**

1 ☐ Yes
2 ☐ No

(4) **Restrict your usual activities in any way?**

1 ☐ Yes
2 ☐ No

(5) **Keep you from doing something you wanted to do?**

1 ☐ Yes
2 ☐ No

14a. **About how old were you the FIRST TIME you BEGAN to experience a strong fear or avoidance of any of these objects or situations?**

_____ Age

CHECK ITEM 8.2 Is respondent's age in 14a within 1 year of his/her present age or is present age or 14a unknown?

1 ☐ Yes
2 ☐ No - *SKIP to 14c*

14b. **Did this FIRST time BEGIN to happen during the last 12 months?**

1 ☐ Yes
2 ☐ No

c. **In your ENTIRE LIFE, how many SEPARATE times were there when you had a strong fear or avoidance of any of these objects or situations?**

By separate times, I mean times separated by at least 2 months when you WEREN'T afraid of any of these objects or situations and you DIDN'T try to avoid them.

If respondent says "All my life" or "There was never a time when I didn't fear or avoid object or situation", code 1.

_____ Number

CHECK ITEM 8.2A Is number entered in 14c, 2 or more or unknown?

1 ☐ Yes
2 ☐ No - *SKIP to 17a, page 97*

15a. **How old were you the MOST RECENT time you BEGAN to experience a strong fear or avoidance of any of these objects or situations?**

_____ Age

Section 8 - SPECIFIC SITUATIONS (Continued)

CHECK ITEM 8.3A Is respondent's age in 15a within 1 year of his/her present age or is present age or 15a unknown?

1 ☐ Yes
2 ☐ No - *SKIP to 16a*

15b. Did this MOST RECENT time when you feared or avoided any of these objects or situations BEGIN to happen during the last 12 months?

1 ☐ Yes
2 ☐ No

16a. How long did this MOST RECENT time last when you were afraid of or avoided any of these objects or situations?

_____ Week(s)
OR
_____ Month(s)
OR
_____ Year(s)

b. Since the MOST RECENT time BEGAN, have there been at least 2 months when you WEREN'T afraid of any of these objects or situations and you DIDN'T try to avoid them?

1 ☐ Yes
2 ☐ No - *SKIP to 16d*

CHECK ITEM 8.3B Is 15b marked "Yes"?

1 ☐ Yes - *SKIP to 16d*
2 ☐ No

16c. Did this MOST RECENT time when you WEREN'T afraid of any of these objects or situations and you DIDN'T try to avoid them BEGIN to happen during the last 12 months?

1 ☐ Yes
2 ☐ No

d. In your ENTIRE LIFE, what was the LONGEST period you had when you were afraid or avoided of any of these objects or situations?

_____ Week(s)
OR
_____ Month(s)
OR
_____ Year(s)

} *SKIP to Check Item 8.4*

17a. How long did that period last when you were afraid of or avoided any of these objects or situations?

_____ Week(s)
OR
_____ Month(s)
OR
_____ Year(s)

b. Since that time BEGAN, have there been at least 2 months when you WEREN'T afraid of any of these objects or situations and you DIDN'T try to avoid them?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 8.4*

CHECK ITEM 8.3C Is 14b marked "Yes"?

1 ☐ Yes - *SKIP to Check Item 8.4*
2 ☐ No

17c. Did that time when you WEREN'T afraid of any of these objects or situations and you DIDN'T try to avoid them BEGIN to happen during the last 12 months?

1 ☐ Yes
2 ☐ No

CHECK ITEM 8.4 *Refer to Check Item 2.0, Section 2A, page 9.*
Is respondent a lifetime abstainer of alcohol?

1 ☐ Yes - *SKIP to 20*
2 ☐ No

18. Did (that time/ANY of those times) when you had a strong fear or avoidance of these objects or situations BEGIN to happen AFTER you were drinking heavily or a lot more than usual?

1 ☐ Yes
2 ☐ No - *SKIP to 20*

19. Did (that time/ANY of those times) when you had a strong fear or avoidance of these objects or situations BEGIN to happen DURING a period when you were experiencing the bad aftereffects of drinking?

1 ☐ Yes
2 ☐ No

20. Did (that time/ANY of those times) when you had a strong fear or avoidance of these objects or situations BEGIN to happen AFTER using a medicine or drug?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 8.5*

21. Did (that time/ANY of those times) when you had a strong fear or avoidance of these objects or situations BEGIN to happen DURING a period when you were experiencing the bad aftereffects of a medicine or drug?

1 ☐ Yes
2 ☐ No

CHECK ITEM 8.5 Is at least 1 item marked "Yes" in 18, 19, 20 OR 21?

1 ☐ Yes
2 ☐ No - *SKIP to 23, page 99*

CHECK ITEM 8.6A Is Check Item 8.2A marked "No"?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 8.6B, page 98*

Section 8 - SPECIFIC SITUATIONS (Continued)

22a.	**During that time, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 23*
b.	**Did you CONTINUE to have a strong fear or avoidance of any of these objects or situations for at least 1 month AFTER you STOPPED (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No } *SKIP to 23*
CHECK ITEM 8.6B	Is 14b marked "Yes" or 15b marked "Yes" or 16c marked "Yes" or 16b marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.6C*
22c.	**Did ANY of the times when you had a strong fear or avoidance of these objects or situations in the last 12 months BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.6C*
d.	**Did they ALL BEGIN to happen (after drinking heavily/ using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No
e.	**During ANY of those times in the last 12 months when you had a strong fear or avoidance of these objects or situations after (drinking heavily/using a medicine or drug), did you STOP (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.6C*
f.	**During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No
g.	**Did you CONTINUE to have a strong fear or avoidance of any of these objects or situations for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.6C*
h.	**Did you CONTINUE to have a strong fear or avoidance of any of these objects or situations for at least 1 month AFTER ALL of those times?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 8.6C	Is 14b marked "Yes"?	1 ☐ Yes - *SKIP to 23, page 99* 2 ☐ No
22i.	**Did ANY of the times when you had a strong fear of avoidance of these objects or situations BEFORE 12 months ago BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 23, page 99*
j.	**Did they ALL BEGIN to happen (after drinking heavily/ using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No
k.	**During ANY of those times BEFORE 12 months ago when you had a strong fear or avoidance of these objects or situations after (drinking heavily/using a medicine or drug) did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 23, page 99*
l.	**During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking or medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No
m.	**Did you CONTINUE to have a strong fear or avoidance of any of these objects or situations for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/ medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 23, page 99*
n.	**Did you CONTINUE to have a strong fear or avoidance of any of these objects or situations for at least 1 month AFTER ALL of those times?**	1 ☐ Yes 2 ☐ No

Section 8 - SPECIFIC SITUATIONS (Continued)

23.	**Did you EVER go to any counselor, therapist, doctor, psychologist or any person like that to get help for your fear or avoidance of any of these objects or situations?**	1 ☐ Yes 2 ☐ No
24a.	**Did you EVER go to an emergency room to get help for your fear or avoidance of any of these objects or situations?**	1 ☐ Yes 2 ☐ No
b.	**Were you EVER a patient in any kind of hospital overnight or longer because of your fear or avoidance of any of these objects or situations?**	1 ☐ Yes 2 ☐ No
25.	**Did a doctor EVER prescribe any medicines or drugs for your fear or avoidance of any of these objects or situations?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 8.7	Is at least 1 item marked "Yes" in 23 - 25? Did respondent ever seek help for his/her fear or avoidance of an object or situation?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.7A*
26a.	**About how old were you the FIRST time you went anywhere or saw anyone to get help for your fear or avoidance of any of these objects or situations?**	_____ Age
b.	**How old were you the MOST RECENT time you went anywhere or saw anyone to get help for your fear or avoidance of any of these objects or situations?**	_____ Age OR 0 ☐ Happened only once
CHECK ITEM 8.7A	*Refer to Check Item 2.0, Section 2A, page 9.* Is the respondent a lifetime abstainer of alcohol?	1 ☐ Yes - *SKIP to Check Item 8.7B* 2 ☐ No
27a.	**Did you EVER drink alcohol to reduce your fear or avoidance of any of these objects or situations?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.7B*
b.	**Did this happen during the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.7B*
c.	**Did this happen before 12 months ago, that is, before last** *(Month one year ago)***?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 8.7B	*Refer to Check Item 3.10, Section 3B, page 39.* Is the respondent a lifetime non-drug user?	1 ☐ Yes - *SKIP to Check Item 8.8* 2 ☐ No
28a.	**Did you EVER take any medicines or drugs ON YOUR OWN, that is without a prescription, in greater amounts, or more often or longer than prescribed to reduce your fear or avoidance of any of these objects or situations?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.8*
b.	**Did this happen during the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.8*
c.	**Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 8.8	Is Check Item 8.2A marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.9A*
29a.	**Did your fear or avoidance of these objects or situations BEGIN to happen during a time when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 31a, page 100*
b.	**Did a doctor or other health professional tell you that your fear of these objects or situations was related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *SKIP to 31a, page 100*
CHECK ITEM 8.9A	Is 14b marked "Yes" or 15b marked "Yes" or 16c marked "Yes" or 16b marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.9B, page 100*
30a.	**Did ANY of the times when you feared or avoided these objects or situations in the last 12 months BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.9B, page 100*

Section 8 - SPECIFIC SITUATIONS (Continued)

30b.	**Did ALL of those times when you feared or avoided these objects or situations in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting being ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 30d*
c.	**Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?**	1 ☐ Yes - *SKIP to Check Item 8.9B* 2 ☐ No
d.	**Did a doctor or other health professional tell you that ANY of the times like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 8.9B	Is 14b marked "Yes"?	1 ☐ Yes - *SKIP to 31a* 2 ☐ No
30e.	**Did ANY of the times when you feared or avoided these objects or situations BEFORE 12 months ago BEGIN to happen DURING a time when you were physically ill or getting over being ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 31a*
f.	**Did ALL of those times when you feared or avoided these objects or situations BEFORE 12 months ago ONLY BEGIN to happen DURING times when you were physically ill or getting over being ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 30h*
g.	**Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?**	1 ☐ Yes - *SKIP to 31a* 2 ☐ No
h.	**Did a doctor or other health professional tell you that ANY of the times like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No
31a.	**Did your fear or avoidance of these objects or situations EVER happen during a time when you were THINKING ABOUT an extremely stressful experience you had in the past - like being in a war, being attacked, or being in a bad accident or a fire?**	1 ☐ Yes 2 ☐ No - *SKIP to 32a*
b.	**Did your fear of these objects or situations ONLY happen when you were thinking about an extremely stressful experience you had in the past?**	1 ☐ Yes 2 ☐ No
32a.	**Did your fear or avoidance of these objects or situations EVER happen during a time when you were frightened, nervous or worried about being away from home or away from people who were important to you?**	1 ☐ Yes 2 ☐ No - *SKIP to 33a*
b.	**Did your fear of these objects or situations ONLY happen when you were nervous or worried about being away from home or away from the people who were important to you?**	1 ☐ Yes 2 ☐ No
33a.	**Did your fear or avoidance of these objects or situations EVER happen during a time when you were afraid of being contaminated by dirt or germs?**	1 ☐ Yes 2 ☐ No - *SKIP to 34a*
b.	**Did your fear of these objects or situations ONLY happen when you were afraid of being contaminated by dirt or germs?**	1 ☐ Yes 2 ☐ No
34a.	**Did your fear or avoidance of these objects or situations EVER happen during a time when you were afraid of having to do something over and over to make yourself comfortable - like counting, checking, ordering, and repeating things over and over?**	1 ☐ Yes 2 ☐ No - *SKIP to 35a*
b.	**Did your fear of these objects or situations ONLY happen when you were afraid you might be embarrassed by having to do something over and over to make yourself feel comfortable?**	1 ☐ Yes 2 ☐ No
35a.	**Did your fear or avoidance of these objects or situations EVER happen during a time when you were afraid that you WOULDN'T be able to do things over and over to make yourself feel comfortable?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 9, page 101*
b.	**Did your fear of these objects or situations ONLY happen when you were afraid you WOULDN'T be able to do things over and over to make yourself feel comfortable?**	1 ☐ Yes 2 ☐ No } *Go to Section 9, page 101*

Section 9 - GENERAL ANXIETY

Statement W **Now I'd like to ask you about times in your life when you may have been tense, nervous, or worried over a long period of time.**

1a.	**Have you EVER had a time lasting at least 6 months when you felt tense, nervous, or worried most of the time?**	1 ☐ Yes - *SKIP to 3* 2 ☐ No
b.	**Have you EVER had a time lasting at least 6 months when you felt very tense, nervous or worried most of the time about everyday problems?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 10, page 109*
3.	**Now I'd like you to think about your WORST period lasting at least 6 months when you were the most tense, nervous or worried.** **During your worst period of feeling tense, nervous or worried for 6 months or more, did you EVER . . .** *(Repeat phrase frequently)*	
(1)	**Worry a lot about things you usually didn't worry about?**	1 ☐ Yes 2 ☐ No
(2)	**Worry about more than one thing?**	1 ☐ Yes 2 ☐ No
(3)	**Find it difficult to stop being tense, nervous or worried?**	1 ☐ Yes 2 ☐ No
(4)	**Worry about things that were very unlikely to happen?**	1 ☐ Yes 2 ☐ No
(5)	**Think that your worrying was excessive?**	1 ☐ Yes 2 ☐ No
(6)	**Worry about things that weren't really serious?**	1 ☐ Yes 2 ☐ No
(7)	**Worry about what other people might do or what would happen to them?**	1 ☐ Yes 2 ☐ No
4.	**During your worst period of 6 months or more when you were very tense, nervous or worried, did you OFTEN . . .** *(Repeat entire phrase frequently)*	
(1)	**Get tired easily?**	1 ☐ Yes 2 ☐ No
(2)	**Become startled easily?**	1 ☐ Yes 2 ☐ No
(3)	**Have tense, sore or aching muscles?**	1 ☐ Yes 2 ☐ No
(4)	**Become so restless that you fidgeted, paced, or couldn't sit still?**	1 ☐ Yes 2 ☐ No
(5)	**Feel keyed up or on edge?**	1 ☐ Yes 2 ☐ No
(6)	**Have trouble concentrating or keeping your mind on things?**	1 ☐ Yes 2 ☐ No
(7)	**Feel irritable?**	1 ☐ Yes 2 ☐ No
(8)	**Have trouble falling asleep or staying asleep?**	1 ☐ Yes 2 ☐ No
(9)	**Have times when you forgot what you were talking about or your mind went blank?**	1 ☐ Yes 2 ☐ No
(10)	**Feel your heart racing, skipping, or pounding in your chest?**	1 ☐ Yes 2 ☐ No

Section 9 - GENERAL ANXIETY (Continued)

4. **During your worst period of 6 months or more when you were very tense, nervous or worried, did you OFTEN . . .**
(Repeat entire phrase frequently)

(11)	**Perspire or sweat?**	1 ☐ Yes 2 ☐ No
(12)	**Have cold and clammy hands?**	1 ☐ Yes 2 ☐ No
(13)	**Have a dry mouth?**	1 ☐ Yes 2 ☐ No
(14)	**Feel dizzy, lightheaded, or like you might faint?**	1 ☐ Yes 2 ☐ No
(15)	**Feel nauseous, have an upset stomach, or feel like you might vomit or have diarrhea?**	1 ☐ Yes 2 ☐ No
(16)	**Urinate frequently?**	1 ☐ Yes 2 ☐ No
(17)	**Have trouble swallowing or feel like you had a lump in your throat?**	1 ☐ Yes 2 ☐ No
(18)	**Have pain or pressure in your chest?**	1 ☐ Yes 2 ☐ No
(19)	**Find yourself trembling or shaking?**	1 ☐ Yes 2 ☐ No
(20)	**Have trouble catching your breath or feel like you were smothering?**	1 ☐ Yes 2 ☐ No

CHECK ITEM 9.3 Are at least 3 items marked "Yes" in 4(1) - 4(20), pages 101 - 102?
1 ☐ Yes
2 ☐ No - *SKIP to Section 10, page 109*

5. **Now I'd like to ask you about some things that might have happened to you during your worst period when you felt nervous or worried most of the time for at least 6 months and had some of the other experiences you just mentioned at the same time.**

During that period, did you. ..

(Repeat phrase frequently)

(1)	**Feel uncomfortable or upset about feeling nervous or anxious or by any of these other things that were going on at the same time?**	1 ☐ Yes 2 ☐ No
(2)	**Have arguments or friction with family, friends, people at work or anyone else?**	1 ☐ Yes 2 ☐ No
(3)	**Have difficulty doing things you were supposed to do - like working, doing your schoolwork, or taking care of your home or family?**	1 ☐ Yes 2 ☐ No
(4)	**Restrict your usual activities in any way?**	1 ☐ Yes 2 ☐ No
(5)	**Find that you were unable to do something you wanted to do?**	1 ☐ Yes 2 ☐ No

6a. **About how old were you the FIRST time you BEGAN to feel tense, nervous or worried for at least 6 months and also had some of the other experiences you mentioned?**
_____ Age

CHECK ITEM 9.4 Is respondent's age in 6a within 1 year of his/her present age or is present age or 6a unknown?
1 ☐ Yes
2 ☐ No - *SKIP to 7*

6b. **Did this FIRST time BEGIN to happen during the last 12 months?**
1 ☐ Yes
2 ☐ No

7. **In your ENTIRE LIFE, how many SEPARATE times lasting at least 6 months were there when you felt tense, nervous or worried for most of the time and had some of the other experiences you mentioned?**

By separate times, I mean times separated by at least 2 months when you DIDN'T feel tense, nervous or worried AND you DIDN'T have ANY of these OTHER experiences.

_____ Number

Section 9 - GENERAL ANXIETY (Continued)

CHECK ITEM 9.5 Is number entered in 7, 2 or more or unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 9e*
8a. **How old were you the MOST RECENT time you BEGAN to feel tense, nervous or worried most of the time for at least 6 months and also had some of those other experiences?**	_____ Age
CHECK ITEM 9.6 Is respondent's age in 8a within 1 year of his/her present age or is present age or 8a unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 9a*
8b. **Did this MOST RECENT time when you felt tense, nervous or worried BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
9a. **How long did this MOST RECENT period last when you felt tense, nervous, or worried?** *(Must be at least 6 months.)*	_____ Month(s) OR _____ Year(s)
b. **Since this MOST RECENT time BEGAN, have there been at least 2 months when you DIDN'T feel tense, nervous or worried AND DIDN'T have any of the OTHER experiences you mentioned?**	1 ☐ Yes 2 ☐ No - *SKIP to 9d*
c. **Did this MOST RECENT time when you DIDN'T feel tense, nervous or worried BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
d. **In your ENTIRE LIFE, what was the LONGEST period you had when you felt tense, nervous or worried most of the time?** *(Must be at least 6 months.)*	_____ Months OR _____ Year(s) } *SKIP to Check Item 9.7*
e. **How long did that period last when you felt tense, nervous, or worried most of the time?** *(Must be at least 6 months.)*	_____ Month(s) OR _____ Year(s)
f. **Since that time BEGAN, have there been at least 6 months when you DIDN'T feel tense, nervous or worried AND DIDN'T have any of the OTHER experiences you mentioned?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.7*
CHECK ITEM 9.6A Is 6b marked "Yes"?	1 ☐ Yes - *SKIP to Check Item 9.7* 2 ☐ No
9g. **Did that time when you DIDN'T feel tense, nervous or worried BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 9.7 *Refer to Check Item 2.0, Section 2A, page 9.* Is respondent a lifetime abstainer of alcohol?	1 ☐ Yes - *SKIP to 12* 2 ☐ No
10. **Did (that time/ANY of those times) when you were tense, nervous or worried for at least 6 months BEGIN to happen AFTER you were drinking heavily or a lot more than usual?**	1 ☐ Yes 2 ☐ No - *SKIP to 12*
11. **Did (that time/ANY of those times) when you were tense, nervous or worried for at least 6 months BEGIN to happen DURING a period when you were experiencing the bad aftereffects of drinking?**	1 ☐ Yes 2 ☐ No
12. **Did (that time/ANY of those times) when you were tense, nervous or worried for at least 6 months BEGIN to happen AFTER using a medicine or drug?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.8*
13. **Did (that time/ANY of those times) when you were tense, nervous or worried for at least 6 months BEGIN to happen DURING a period when you were experiencing the bad aftereffects of a medicine or drug?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 9.8 Is at least 1 item marked "Yes" in 10, 11, 12 OR 13?	1 ☐ Yes 2 ☐ No - *SKIP to 15, page 105*
CHECK ITEM 9.9 Is Check Item 9.5 marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.10, page 104*

Section 9 - GENERAL ANXIETY (Continued)

14a.	**During that time, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 15, page 105*
b.	**Did you CONTINUE to feel tense, nervous or worried for at least 1 month AFTER you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No } *SKIP to 15, page 105*
CHECK ITEM 9.10	Is 6b marked "Yes" or 8b marked "Yes" or 9c marked "Yes" or 9b marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.10A*
14c.	**Did ANY of those times in the last 12 months when you were tense, nervous or worried for at least 6 months BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.10A*
d.	**Did they ALL BEGIN to happen (after drinking heavily/ using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicine or drugs)?**	1 ☐ Yes 2 ☐ No
e.	**During ANY of those times in the last 12 months when you were tense, nervous or worried for at least 6 months after (drinking heavily/using a medicine or drug), did you STOP (drinking/using any medicines or drugs /experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.10A*
f.	**During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No
g.	**Did you CONTINUE to feel tense, nervous or worried for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/ using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.10A*
h.	**Did you CONTINUE to feel tense, nervous or worried for at least 1 month AFTER ALL of those times?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 9.10A	Is 6b marked "Yes"?	1 ☐ Yes - *SKIP to 15, page 105* 2 ☐ No
14i.	**Did ANY of those times BEFORE 12 months ago when you were tense, nervous or worried for at least 6 months BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 15, page 105*
j.	**Did they ALL BEGIN to happen (after drinking heavily/ using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No
k.	**During ANY of those times BEFORE 12 months ago when you were tense, nervous or worried for at least 6 months after (drinking heavily/using a medicine or drug), did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/ medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 15, page 105*
l.	**During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No
m.	**Did you CONTINUE to feel tense, nervous or worried for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 15, page 105*
n.	**Did you CONTINUE to feel tense, nervous or worried for at least 1 month AFTER ALL of those times?**	1 ☐ Yes 2 ☐ No

Section 9 - GENERAL ANXIETY (Continued)

15. **Did you EVER go to any kind of counselor, therapist, doctor, psychologist or any person like that because you were feeling tense, nervous or worried?**

1 ☐ Yes
2 ☐ No

16a. **Did you EVER go to an emergency room to get help for feeling tense, nervous or worried?**

1 ☐ Yes
2 ☐ No

b. **Were you EVER a patient in any kind of hospital overnight or longer because you were feeling tense, nervous or worried?**

1 ☐ Yes
2 ☐ No

17. **Did a doctor EVER prescribe any medicines or drugs to help calm you down or quiet your nerves?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 9.11

Is at least 1 item marked "Yes" in 15 - 17?

Did respondent ever seek help for feeling tense, nervous or worried for at least 6 months?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 9.11A*

18a. **About how old were you the FIRST time you went anywhere or saw anyone to get help for feeling tense, nervous or worried?**

_____ Age

b. **How old were you the MOST RECENT time you went anywhere or saw anyone to get help for feeling tense, nervous or worried?**

_____ Age
OR
0 ☐ Happened only once

CHECK ITEM 9.11A

Refer to Check Item 2.0, Section 2A, page 9.

Is the respondent a lifetime abstainer of alcohol?

1 ☐ Yes - *SKIP to Check Item 9.11B*
2 ☐ No

19a. **Did you EVER drink to calm down or help quiet your nerves when you felt tense, nervous or worried?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 9.11B*

b. **Did this happen during the last 12 months?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 9.11B*

c. **Did this happen before 12 months ago, that is, before last** *(Month one year ago)***?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 9.11B

Refer to Check Item 3.10, Section 3B, page 39.

Is the respondent a lifetime non-drug user?

1 ☐ Yes - *SKIP to Check Item 9.12*
2 ☐ No

20a. **Did you EVER take any medicine or drugs ON YOUR OWN, that is, without a prescription, in greater amounts, or more often or longer than prescribed to help calm down or quiet your nerves when you felt tense, nervous, or worried?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 9.12*

b. **Did this happen during the last 12 months?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 9.12*

c. **Did this happen before 12 months ago, that is, before last** *(Month one year ago)***?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 9.12

Is Check Item 9.5 marked "No"?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 9.13*

21a. **Did that time when you were tense, nervous or worried for at least 6 months BEGIN to happen DURING a time when you where physically ill or getting over being physically ill?**

1 ☐ Yes
2 ☐ No - *SKIP to 22a, page 106*

b. **Did a doctor or other health professional tell you that this time was related to your physical illness or medical condition?**

1 ☐ Yes
2 ☐ No
} *SKIP to 22a, page 106*

CHECK ITEM 9.13

Is 6b marked "Yes" or 8b marked "Yes" or 9c marked "Yes" or 9b marked "No"?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 9.13A, page 106*

21c. **Did ANY of the times when you were tense, nervous or worried in the last 12 months BEGIN to happen DURING a time when you were physically ill or getting over being ill?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 9.13A, page 106*

Section 9 - GENERAL ANXIETY (Continued)

21d.	**Did ALL of those times when you were tense, nervous or worried in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 21f*
e.	**Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?**	1 ☐ Yes - *SKIP to Check Item 9.13A* 2 ☐ No
f.	**Did a doctor or other health professional tell you that ANY of the times like this were related to you physical illness or medical condition?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 9.13A	Is 6b marked "Yes"?	1 ☐ Yes - *SKIP to 22a* 2 ☐ No
21g.	**Did ANY of the times BEFORE 12 months ago when you were tense, nervous or worried BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 22a*
h.	**Did ALL of those times BEFORE 12 months ago when you were tense, nervous or worried ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 21j*
i.	**Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?**	1 ☐ Yes - *SKIP to 22a* 2 ☐ No
j.	**Did a doctor or other health professional tell you that ANY of the times like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No
22a.	**Did (that time/ANY of those times) when you were tense, nervous or worried for at least 6 months happen during a time when you were worrying about an extremely stressful experience you had in the past - like being in a war, being attacked, or being in a bad accident or a fire?**	1 ☐ Yes 2 ☐ No - *SKIP to 23a*
b.	**Did ALL of those times ONLY happen when you were thinking about an extremely stressful experience you had in the past?**	1 ☐ Yes 2 ☐ No
23a.	**Did (that time/ANY of those times) when you were tense, nervous or worried for at least 6 months happen during a time when you were frightened, nervous or worried about being away from home or away from the people who were important to you?**	1 ☐ Yes 2 ☐ No - *SKIP to 24a*
b.	**Did ALL of those times ONLY happen when you were nervous or worried about being away from home or away from the people who were important to you?**	1 ☐ Yes 2 ☐ No
24a.	**Did (that time/ANY of those times) when you were tense, nervous or worried for at least 6 months happen during a time when you were afraid of being contaminated by dirt or germs?**	1 ☐ Yes 2 ☐ No - *SKIP to 25a*
b.	**Did ALL of those times ONLY happen when you were afraid of being contaminated by dirt germs?**	1 ☐ Yes 2 ☐ No
25a.	**Did (that time/ANY of those times) when you were tense, nervous or worried for at least 6 months happen during a time when you were afraid you might be embarrassed by having to do something over and over to make yourself comfortable - like counting, checking, ordering or repeating things over and over?**	1 ☐ Yes 2 ☐ No - *SKIP to 26a*
b.	**Did ALL of those times ONLY happen when you were afraid you might be embarrassed by having to do something over and over to make yourself comfortable?**	1 ☐ Yes 2 ☐ No
26a.	**Did (that time/ANY of those times) when you were tense, nervous or worried for at least 6 months happen during a time when you were afraid that you WOULDN'T be able to do things over and over to make yourself comfortable?**	1 ☐ Yes 2 ☐ No - *SKIP to 27a, page 107*
b.	**Did ALL of those times ONLY happen when you were afraid that you WOULDN'T be able to do things over and over again to make yourself comfortable?**	1 ☐ Yes 2 ☐ No

Section 9 - GENERAL ANXIETY (Continued)

27a.	**Did (that time/ANY of those times) when you were tense, nervous or worried for at least 6 months happen during a time when you were very worried about gaining weight or getting too fat?**	1 ☐ Yes 2 ☐ No - *SKIP to 28a*
b.	**Did ALL of those times ONLY happen when you were very worried about gaining weight or getting too fat?**	1 ☐ Yes 2 ☐ No
28a.	**Did (that time/ANY of those times) when you were tense, nervous or worried for at least 6 months happen during a time when you thought you had a serious physical illness even though a doctor assured you there was nothing physically wrong?**	1 ☐ Yes 2 ☐ No - *SKIP to 29a*
b.	**Did ALL of those times ONLY happen when you thought you had a serious illness even though a doctor assured you there was nothing physically wrong?**	1 ☐ Yes 2 ☐ No
29a.	**Did (that time/ANY of those times) when you were tense, nervous or worried for at least 6 months happen during a time when you had numerous physical problems that a doctor couldn't fully explain?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.14*
b.	**Did ALL of those times ONLY happen when you had numerous physical problems that a doctor couldn't fully explain?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 9.14	Is "Yes" marked in Check Item 6.3, Section 6, page 83? Did respondent ever have a panic attack?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.15*
30a.	**Did (that time/ANY of those times) when you were tense, nervous or worried for at least 6 months happen when you were afraid of having a panic attack?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.15*
b.	**Did ALL of those times ONLY happen when you were afraid of having a panic attack?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 9.15	Is "Yes" marked in Check Item 4.3, Section 4A, page 62? Has respondent ever had a period of low mood?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.16*
31a.	**Did (that time/ANY of those times) when you were tense, nervous or worried for at least 6 months happen during a period you mentioned earlier when you felt sad, blue, depressed, or down** ***(PAUSE)*** **or when you didn't care about things or enjoy things that you usually cared about or enjoyed?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.16*
b.	**Did ALL of those times ONLY happen when you felt very sad, blue, depressed, or down** ***(PAUSE)*** **or when you didn't care about things or enjoy things?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 9.16	Is "Yes" marked in Check Item 5.3, Section 5, Page 77? Has respondent ever had a period of high mood or irritability?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.17*
32a.	**Did (that time/ANY of those times) when you were tense, nervous or worried for at least 6 months happen during a period you mentioned earlier when you felt extremely good, excited or hyper** ***(PAUSE)*** **or when you felt extremely irritable or easily annoyed?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.17*
b.	**Did ALL of those times when you were tense, nervous or worried ONLY happen when you felt extremely good, excited or hyper or when you extremely irritable or easily annoyed?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 9.17	Is "Yes" marked in Check Item 7.0, Section 7, page 88? Has respondent ever had a fear or avoidance of social situations?	1 ☐ Yes 2 ☐ No - *SKIP to Section 10, page 109*

Section 9 - GENERAL ANXIETY (Continued)

33a. **Did (that time/ANY of those times) when you were tense, nervous or worried for at least 6 months happen during a time when you were experiencing a strong fear or avoidance of social situations?**

1 ☐ Yes
2 ☐ No - *SKIP to Section 10, page 109*

b. **Did ALL of those times ONLY happen when you were experiencing a strong fear or avoidance of social situations?**

1 ☐ Yes
2 ☐ No
} *Go to Section 10, page 109*

Section 10 - USUAL FEELINGS AND ACTIONS

Statement S

The questions I'm going to ask you now are about how you have felt or acted MOST of the time throughout your life regardless of the situation or whom you were with. Do NOT include times when you weren't yourself or when you acted differently than usual because you were depressed or hyper, anxious or nervous or drinking heavily, using medicines or drugs or experiencing their bad aftereffects, or times when you were physically ill.

1a. Most of the time throughout your life, regardless of the situation or whom you were with. . . (*Repeat phrase frequently)*		**b.** Did this ever trouble you or cause problems at work or school, or with your family or other people?
(1) Have you avoided jobs or tasks that dealt with a lot of people?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(2) Do you avoid getting involved with people unless you are certain they will like you?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(3) Do you find it hard to be "open" even with people you are close to?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(4) Do you often worry about being criticized or rejected in social situations?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(5) Do you believe that you're not as good, as smart, or as attractive as most other people?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(6) Are you usually quiet or do you have very little to say when you meet new people because you believe they are better than you are?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(7) Are you afraid of trying new things or doing things outside your usual routine because you're afraid of being embarrassed?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(8) Do you need a lot of advice or reassurance from others before you can make everyday decisions-like what to wear or what to order in a restaurant?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(9) Do you depend on other people to handle important areas in your life such as finances, child care, or living arrangements?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(10) Do you find it hard to disagree with people even when you think they are wrong because you fear losing their support or approval?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(11) Do you find it hard to start or work on tasks when there is no one to help you?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(12) Have you often volunteered to do things even if they are unpleasant in order to get others to like you?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(13) Do you usually feel uncomfortable when you are by yourself because you are afraid you can't take care of yourself?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(14) When a close relationship ends, do you feel you immediately have to find someone else to take care of you?	1 ☐ Yes → 2 ☐ No - *Go to next experience, page 110*	1 ☐ Yes 2 ☐ No

Section 10 - USUAL FEELINGS AND ACTIONS (Continued)

1a. Most of the time throughout your life, regardless of the situation or whom you were with. . . (*Repeat phrase frequently)*		**b.** Did this ever trouble you or cause problems at work or school, or with your family or other people?
(15) **Have you worried a lot about being left alone to take care of yourself?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(16) **Are you the kind of person who focuses on details, order and organization or likes to make lists and schedules?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(17) **Do you sometimes get so caught up with details, schedules or organization that you lose sight of what you wanted to accomplish?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(18) **Do you have trouble finishing jobs because you spend so much time trying to get things exactly right?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(19) **Do you or other people feel that you are so devoted to work or school that you have no time left for anyone else or for just having fun?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(20) **Do other people think you have unreasonably high standards and morals about what is right and what is wrong?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(21) **Do you have trouble throwing out worn-out or worthless things even if they don't have sentimental value?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(22) **Is it hard for you to let other people help you if they don't agree to do things exactly the way you want?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(23) **Is it hard for you to spend money on yourself and other people even when you have enough?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(24) **Are you often so sure you are right that it doesn't matter what other people say?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(25) **Have other people told you that you are stubborn or rigid?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(26) **Do you often have to keep an eye out to keep people from using you, hurting you or lying to you?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(27) **Do you spend a lot of time wondering if you can trust your friends or the people you work with?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(28) **Do you find that it is best not to let other people know much about you because they will use it against you?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(29) **Do you often detect hidden threats or insults in things people say or do?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(30) **Are you the kind of person who takes a long time to forgive people who have insulted or slighted you?**	1 ☐ Yes → 2 ☐ No - *Go to next experience, page 111*	1 ☐ Yes 2 ☐ No

Section 10 - USUAL FEELINGS AND ACTIONS (Continued)

	1a. Most of the time throughout your life, regardless of the situation or whom you were with . . . (*Repeat phrase frequently)*		**b. Did this ever trouble you or cause problems at work or school, or with your family or other people?**
(31)	**Have there been many people you can't forgive because they did or said something to you a long time ago?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(32)	**Do you often get angry or lash out when someone criticizes or insults you in some way?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(33)	**Have you OFTEN suspected that your spouse or partner has been unfaithful?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(35)	**When you are around people, do you often feel that you are being watched or stared at?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(43)	**Are there very few people that you're really close to outside of your immediate family?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(45)	**Would you be just as happy without having any close relationships?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(46)	**Do you take little pleasure in being with other people?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(47)	**Have you almost always preferred to do things alone rather than with other people?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(48)	**Could you be content without ever being sexually involved with anyone?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(49)	**Do you rarely show much emotion?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(50)	**Are there really very few things that give you pleasure?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(51)	**Do you rarely react to praise or criticism?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(52)	**Are you the sort of person who doesn't care about what people think of you?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(53)	**Do you find that nothing makes you very happy or very sad?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(54)	**Do you like to be the center of attention?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(55)	**Do your feelings often change very suddenly or unexpectedly, sometimes for no reason?**	1 ☐ Yes → 2 ☐ No - *Go to next experience, page 112*	1 ☐ Yes 2 ☐ No

Section 10 - USUAL FEELINGS AND ACTIONS (Continued)

1a. Most of the time throughout your life, regardless of the situation or whom you were with . . . (*Repeat phrase frequently)*		**b.** Did this ever trouble you or cause problems at work or school, or with your family or other people?
(56) **Do you feel uncomfortable if you are not the center of attention?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(57) **Have you ever discovered that people aren't as close to you as you thought they were?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(58) **Do you flirt a lot?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(59) **Do you display your emotions in obvious or dramatic ways so that people always know how you feel?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(60) **Do you often find yourself "coming on" to people?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(61) **Do you try to draw attention to yourself by the way you dress or look?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(62) **Do you often make a point of being dramatic and colorful?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(63) **Have you often changed your mind about things depending on the people you're with or what you have just read or seen on TV?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(64) **Do you often express yourself using generalities and very little detail?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to Section 11A, page 116*	1 ☐ Yes 2 ☐ No } *Go to Section 11A,* Page 116

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Section 11A - BEHAVIOR

Statement O **Now I'd like to ask you some questions about experiences you may have had. As I read each experience, please tell me if it has ever happened.**

	1a. In your ENTIRE life, did you EVER . . . *(Repeat entire phrase frequently)*		**b. Did this happen BEFORE you were 15?**	**c. Has this happened SINCE you were 15?**
(1)	**Often cut class, not go to class or go to school and then leave without permission?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	Ask Before 13 1 ☐ Yes 2 ☐ No	Ask Since 13 1 ☐ Yes 2 ☐ No } *Go to next experience*
(2)	**Stay out late at night even though your parents told you to stay home?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	Ask Before 13 1 ☐ Yes 2 ☐ No	Ask Since 13 1 ☐ Yes 2 ☐ No } *Go to next experience*
(3)	**Have a time when you bullied or pushed people around or tried to make them afraid of you?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(4)	**Run away from home overnight at least twice when you were living at home or run away and stay away for a longer time?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(5)	**Have a time when you were absent from work or school a lot, other than the times you were sick or taking care of someone else who was sick?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(6)	**More than once quit a job without knowing where you would find another one?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(7)	**More than once quit a school program without knowing what you would do next?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(8)	**Travel around from place to place for a month or more without making any plans ahead of time or not knowing how long you would be gone or where you were going to work?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(9)	**Have a time that lasted at least 1 month when you had no regular place to live – like living on the street or in a car?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(10)	**Have a time that lasted at least 1 month when you lived with friends, acquaintances or relatives because you didn't really have your own place to live?**	1 ☐ Yes → 2 ☐ No - *Go to next experience, page 117*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience, page 117*

Section 11A - BEHAVIOR (Continued)

	1a. Did you EVER . . . *(Repeat entire phrase frequently)*		**b. Did this happen BEFORE you were 15?**	**c. Has this happened SINCE you were 15?**
(11)	**Have a time in your life when you lied a lot, not counting any times you lied to keep from being hurt?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(12)	**Use a false or made-up name or alias?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(13)	**Scam or con someone for money, to avoid responsibility or just for fun?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(14)	**Do things that could have easily hurt you or someone else - like speeding or driving after having too much to drink?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(15)	**Get more than 3 traffic tickets for reckless or careless driving, speeding, or causing an accident?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(16)	**Have your driver's license suspended or revoked for moving violations?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(17)	**Destroy, break, or vandalize someone else's property - like their car, home, or other personal belongings?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(18)	**Start a fire on purpose to destroy someone else's property or just to see it burn?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(19)	**Fail to pay off your debts - like moving to avoid paying rent, not making payments on a loan or mortgage, failing to make alimony or child support payments or filing for bankruptcy?**	1 ☐ Yes 2 ☐ No } *Go to next experience*		
(20)	**Steal anything from someone or someplace when no one was around?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(21)	**Forge someone else's signature - like on a legal document or on a check?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(22)	**Shoplift?**	1 ☐ Yes → 2 ☐ No - *Go to next experience, page 118*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience, page 118*

Section 11A - BEHAVIOR (Continued)

	1a. Did you EVER . . . *(Repeat entire phrase frequently)*		**b. Did this happen BEFORE you were 15?**	**c. Has this happened SINCE you were 15?**
(23)	**Rob or mug someone or snatch a purse?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(24)	**Make money illegally - like selling stolen property or selling drugs?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(25)	**Do anything that you could have been arrested for, regardless of whether or not you were caught?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(26)	**Force someone to have sex with you against their will?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(27)	**Get into a lot of fights that you started?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(28)	**Get into a fight that came to swapping blows with someone like a husband, wife, girlfriend or boyfriend?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(29)	**Use a weapon like a stick, knife, or gun in a fight?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(30)	**Hit someone so hard that you injured them or they had to see a doctor?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(31)	**Harass, threaten or blackmail someone?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(32)	**Physically hurt another person in any other way on purpose?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(33)	**Hurt or be cruel to an animal or pet on purpose?**	1 ☐ Yes → 2 ☐ No - *Go to Check Item 11.0*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to Check Item 11.0*

CHECK ITEM 11.0	Are at least 3 items marked "Yes" in column a, pages 116 - 118?	1 ☐ Yes 2 ☐ No - *SKIP to Section 11B, page 121*
1d.	**About how old were you the FIRST time SOME of these experiences BEGAN to happen?**	_____ Age
CHECK ITEM 11.1	Are at least 3 items marked "Yes" in 1, column b, pages 116 - 118? Did respondent demonstrate at least 3 behaviors BEFORE age 15?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 11.2, page 119*

Section 11A - BEHAVIOR (Continued)

2. **You just mentioned some experiences you had BEFORE you were 15 years old.** **Did any of these experiences you had BEFORE you were 15 years old cause any problems with your family or friends, at school or with the law?**	1 ☐ Yes 2 ☐ No
3. **Did at least 1 of these experiences you mentioned happen BEFORE you were 10 years old?**	1 ☐ Yes 2 ☐ No
3a. **Did at least 3 of these experiences you had BEFORE you were 15 years old happen around the same time or within a 1-year period?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 11.1A *Refer to Check Item 2.0, Section 2A, page 9* Is the respondent a lifetime abstainer of alcohol?	1 ☐ Yes - *SKIP to 5a* 2 ☐ No
4a. **Now I'd like you to think about ALL of the experiences you just mentioned that happened BEFORE you were 15 years old.** **Did ANY of these experiences you had BEFORE you were 15 happen WHILE you were drinking heavily, or AFTER you had been drinking heavily?**	1 ☐ Yes 2 ☐ No - *SKIP to 5a*
b. **Did ALL of these experiences ONLY happen WHILE you were drinking heavily, or AFTER you had been drinking heavily?**	1 ☐ Yes 2 ☐ No
5a. **Did ANY of these experiences you had BEFORE you were 15 happen WHILE you were using or AFTER you had used any medicines or drugs?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 11.1B*
b. **Did ALL of these experiences ONLY happen WHILE you were using or AFTER you had used any medicines or drugs?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 11.1B Is "Yes" marked in Check Item 5.3, Section 5, page 77? Did respondent ever have a period of high mood?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 11.2*
5c. **Did ANY of these experiences you had BEFORE you were 15 happen during a period when you felt extremely excited, elated or hyper or extremely irritable or easily annoyed?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 11.2*
d. **Did ALL of those experiences ONLY happen during periods when you felt extremely excited, elated or hyper or extremely irritable or easily annoyed?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 11.2 Are at least 3 items marked "Yes" in 1, column c, or "No" in 1, column b, or "Yes" in 1(19), column a, pages 116 - 118? Did respondent demonstrate at least 3 behaviors SINCE age 15?	1 ☐ Yes 2 ☐ No - *SKIP to Section 11B, page 121*
CHECK ITEM 11.2A *Refer to Check Item 2.0, Section 2A, page 9.* Is the respondent a lifetime abstainer of alcohol?	1 ☐ Yes - *SKIP to 7a* 2 ☐ No
6a. **You mentioned some experiences you had SINCE you were 15 years old.** **Did ANY of these experiences you had SINCE you were 15 happen WHILE you were drinking heavily, or AFTER you had been drinking heavily?**	1 ☐ Yes 2 ☐ No - *SKIP to 7a*
b. **Did ALL of these experiences ONLY happen WHILE you were drinking heavily, or AFTER you had been drinking heavily?**	1 ☐ Yes 2 ☐ No
7a. **Did ANY of these experiences you had SINCE you were 15 happen WHILE you were using or AFTER you had used any medicines or drugs?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 11.2B, page 120*

Section 11A - BEHAVIOR (Continued)

7b. **Did ALL of these experiences ONLY happen WHILE you were using or AFTER you had used medicine or drugs?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 11.2B

Is "Yes" marked in Check Item 5.3, Section 5, page 77?

Did respondent ever have a period of high mood?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 11.3*

7c. **Did ANY of the experiences you had SINCE you were 15, happen during a time when you felt extremely excited, elated or hyper or extremely irritable or easily annoyed?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 11.3*

d. **Did ALL of those experiences ONLY happen during periods when you felt extremely excited, elated or hyper or extremely irritable or easily annoyed?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 11.3

Is at least 1 item marked "Yes" in 1(17) - 1(33), column c, or "No" in 1(17) - 1(33), column b, or "Yes" in 1(19), column a, pages 117 - 118?

Has respondent ever destroyed or stolen property or mistreated or harmed another person?

1 ☐ Yes
2 ☐ No - *SKIP to Section 11B, page 121*

8. **You mentioned some experiences that you've had in your life when you (destroyed property/stole something/ mistreated or harmed another person).**

(a) **Since (this/these things) happened, have you regretted doing (this/these things) or wished (it/they) had never happened?**

1 ☐ Yes
2 ☐ No

(b) **Did you feel you had a right to do (this/these things) or feel that the other people deserved what they got?**

1 ☐ Yes
2 ☐ No
} *Go to Section 11B, page 121*

Section 11B - FAMILY HISTORY - IV

Now I would like to ask you about whether any of your relatives, regardless of whether or not they are now living, have ever had behavior problems.

(SHOW FLASHCARD 26)

Statement P

By behavior problems I mean being cruel to people or animals, fighting or destroying property, trouble keeping a job or paying bills, being impulsive, reckless or not planning ahead, lying or conning people or getting arrested. These people also do not seem to care if they hurt others and often have problems at an early age such as truancy, staying out all night or running away.

(REFER TO FLASHCARD FREQUENTLY)

1. **In your judgement, did your blood or natural father have some of these behavior problems like this ANY time in his life?**	1 ☐ Yes 2 ☐ No 99 ☐ DK
2. **Did your blood or natural mother have some of these behavior problems like this ANY time is her life?**	1 ☐ Yes 2 ☐ No 99 ☐ DK
3. **(Did your full brother have/How many of your full brothers had) some of these behavior problems at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
4. **(Did your full sister have/How many of your full sisters had) some of these behavior problems at ANY time in (her life/ their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
5. **(Did your natural son have/How many of your natural sons had) some of these behavior problems at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
6. **(Did your natural daughter have/How many of your natural daughters had) some of these behavior problems at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
7. **(Did your natural father's full brother have/How many of your natural father's full brothers had) some of these behavior problems at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
8. **(Did your natural father's full sister have/How many of your natural father's full sisters had) some of these behavior problems at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
9. **(Did your natural mother's full brother have/How many of your natural mother's full brothers had) some of these behavior problems at ANY time in (his life/ their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
10. **(Did your natural mother's full sister have/How many of your natural mother's full sisters had) some of these behavior problems at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None

Section 11B - FAMILY HISTORY - IV (Continued)

11. **Did your natural grandfather on your father's side have some of these behavior problems at ANY time in his life?**	1 ☐ Yes 2 ☐ No 99 ☐ DK
12. **Did your natural grandmother on your father's side have some of these behavior problems at ANY time in her life?**	1 ☐ Yes 2 ☐ No 99 ☐ DK
13. **Did your natural grandfather on your mother's side have some of these behavior problems at ANY time in his life?**	1 ☐ Yes 2 ☐ No 99 ☐ DK
14. **Did your natural grandmother on your mother's side have some of these behavior problems at ANY time in her life?**	1 ☐ Yes 2 ☐ No 99 ☐ DK } *Go to Section 12, page 123*

Section 12 – BETTING

(SHOW FLASHCARD 27)

Statement Q **Now I'd like to ask you a few questions about gambling. By gambling I mean playing cards for money, betting on the horses or dogs or sports games, playing the stock or commodities market, buying lottery tickets or playing bingo or KENO or gambling at a casino, including playing the slot machines.**

1. Have you ever gambled at least 5 times in any one year of your life?	1 ☐ Yes 2 ☐ No - *SKIP to Section 13, page 126*

	2a. The next few questions are about experiences that people have had with gambling. As I read each experience, please tell me if it has EVER happened to you. **In your ENTIRE LIFE did you EVER . . .** *(PAUSE)* (*Repeat phrase frequently*)		**b. Did this happen in the last 12 months?**	**c. Did this happen before 12 months ago, that is, before last** *(Month one year ago)***?**
(1)	**Gamble to get out of a bad mood -- like feeling nervous, sad or down?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark Yes in column c*	1 ☐ Yes 2 ☐ No
(2)	**Gamble to forget your problems?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark Yes in column c*	1 ☐ Yes 2 ☐ No
(3)	**More than once try to quit or cut down on your gambling, but found you couldn't do it?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark Yes in column c*	1 ☐ Yes 2 ☐ No
(4)	**Find that you had to increase the amount of money you would gamble to keep it exciting?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark Yes in column c*	1 ☐ Yes 2 ☐ No
(5)	**Spend a lot of time gambling, planning your bets or studying the odds?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark Yes in column c*	1 ☐ Yes 2 ☐ No
(6)	**Spend a lot of time thinking about ways to get money together so you could gamble?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark Yes in column c*	1 ☐ Yes 2 ☐ No
(7)	**Spend a lot of time thinking about the times when you won or lost?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark Yes in column c*	1 ☐ Yes 2 ☐ No
(8)	**Have job or school trouble because of your gambling -- like missing too much work, being demoted at work, losing your job or dropping out of school?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark Yes in column c*	1 ☐ Yes 2 ☐ No
(8a)	**Break up or come close to breaking up with anyone who was important to you because of your gambling?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark Yes in column c*	1 ☐ Yes 2 ☐ No
(9)	**Try to keep your family or friends from knowing how much you gambled?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark Yes in column c*	1 ☐ Yes 2 ☐ No
(10)	**Have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends or welfare?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark Yes in column c*	1 ☐ Yes 2 ☐ No
(11)	**Find that you became restless, irritable or anxious when trying to quit or cut down on your gambling?**	1 ☐ Yes → 2 ☐ No - *Go to next experience, page 124*	1 ☐ Yes → 2 ☐ No - *Mark Yes in column c*	1 ☐ Yes 2 ☐ No

Section 12 -BETTING (Continued)

2a. In your ENTIRE LIFE did you EVER . . . *(PAUSE)* (*Repeat phrase frequently*)		b. Did this happen in the last 12 months?	c. Did this happen before 12 months ago, that is, before last *(Month one year ago)*?
(12) **Raise gambling money by writing a bad check, signing someone else's name to a check, stealing, cashing someone else's check or in some other illegal way?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes ⟶ 2 ☐ No - *Mark Yes in column c*	1 ☐ Yes 2 ☐ No
(13) **Find you had to gamble again as soon as possible after LOSING in order to win back your losses?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next experience*	1 ☐ Yes ⟶ 2 ☐ No - *Mark Yes in column c*	1 ☐ Yes 2 ☐ No
(14) **Find you had to gamble again as soon as possible after WINNING in order to win more?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to Check Item 12.1*	1 ☐ Yes ⟶ 2 ☐ No - *Mark Yes in column c*	1 ☐ Yes 2 ☐ No

CHECK ITEM 12.1	Are at least 5 Boxes marked in 2, column c, pages 123 - 124?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 12.4*
3a.	**You just mentioned some experiences with gambling that happened in the past, that is, before 12 months ago.** **Before last** *(Month one year ago)***, was there EVER a period when SOME of these experiences were happening around the same time most days FOR AT LEAST A MONTH?**	1 ☐ Yes - *SKIP to 3d* 2 ☐ No
b.	**Before last** *(Month one year ago)***, was there EVER a period when SOME of these experiences were happening around the same time ON AND OFF FOR A FEW MONTHS OR LONGER?**	1 ☐ Yes - *SKIP to 3d* 2 ☐ No
c.	**Before last** *(Month one year ago)***, was there EVER a time when SOME of these experiences happened within the same 1-year period?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 12.4*
d.	**About how old were you the FIRST time SOME of these experiences BEGAN to happen around the same time?**	_____ Age
e.	**In your ENTIRE LIFE, how many separate periods like this did you have when some of these experiences with gambling were happening around the same time?** **By separate periods I mean times that were separated by at least 1 year when you stopped gambling completely OR you didn't have any of the experiences you mentioned with gambling at all.**	_____ Number
CHECK ITEM 12.2	Is number marked in 3e, 2 or more or unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 3h*
3f.	**What was the LONGEST period you had when SOME of these experiences were happening around the same time?**	_____ Month(s) OR _____ Years(s)
g.	**How old were you the MOST RECENT time SOME of these experiences BEGAN to happen around the same time?**	_____ Age - *SKIP to Check Item 12.3*
h.	**How long did this period last when SOME of these experiences were happening around the same time?**	_____ Month(s) OR _____ Years(s)
CHECK ITEM 12.3	Is at least 1 item marked in 2, column b, pages 123 - 124?	1 ☐ Yes - *SKIP to 4, page 125* 2 ☐ No
3i.	**About how old were you when you FINALLY STOPPED gambling OR stopped having any of these experiences? By finally STOPPED I mean they never started again.**	_____ Age

Section 12 - BETTING (Continued)

(SHOW FLASHCARD 27)

4. **Before 12 months ago, what kind or kinds of gambling were you doing when you had some of these experiences you mentioned with gambling?**

Mark(X) all that apply.

CASINO
1 ☐ Card games
2 ☐ Dice games
3 ☐ Roulette
4 ☐ Slot or video machines
5 ☐ Other casino gambling

NON-CASINO
6 ☐ Bingo or KENO
7 ☐ Dice games
8 ☐ Dog races or fights
9 ☐ Card games
10 ☐ Games of skill
11 ☐ Horse races
12 ☐ Lottery or numbers
13 ☐ Sports games
14 ☐ Stock/commodities market
15 ☐ Other gambling outside casino

CHECK ITEM 12.4 Are at least 5 Boxes marked in 2, column b, pages 123 - 124?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 12.4A*

(SHOW FLASHCARD 27)

5. **During the last 12 months, what kind or kinds of gambling were you doing when you had some of these experiences you mentioned with gambling?**

Mark(X) all that apply.

CASINO
1 ☐ Card games
2 ☐ Dice games
3 ☐ Roulette
4 ☐ Slot or video machines
5 ☐ Other casino gambling

NON-CASINO
6 ☐ Bingo or KENO
7 ☐ Dice games
8 ☐ Dog races or fights
9 ☐ Card games
10 ☐ Games of skill
11 ☐ Horse races
12 ☐ Lottery or numbers
13 ☐ Sports games
14 ☐ Stock/commodities market
15 ☐ Other gambling outside casino

CHECK ITEM 12.4A Are at least 5 Boxes marked in 2, column b OR are at least 5 Boxes marked in 2, column c?

1 ☐ Yes
2 ☐ No - *SKIP to Section 13, page 126*

6a. **Have you EVER gone to Gamblers Anonymous?**

1 ☐ Yes
2 ☐ No - *SKIP to 7a*

b. **Did you go to Gamblers Anonymous in the last 12 months?**

1 ☐ Yes
2 ☐ No - *SKIP to 7a*

c. **Did you go to Gamblers Anonymous before 12 months ago, that is, before last** *(Month one year ago)*?

1 ☐ Yes
2 ☐ No

7a. **Did you EVER go to any kind of counselor, therapist, doctor, psychologist or any other person like that for help with your gambling?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 12.5*

b. **Did you go to any doctor or other health professional in the last 12 months?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 12.5*

c. **Did you go to any doctor or other health professional before 12 months ago, that is, before last** *(Month one year ago)***?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 12.5 Is Check Item 5.3, Section 5, page 77 marked **"**Yes**"**?

Did respondent have a period of high mood?

1 ☐ Yes
2 ☐ No - *SKIP to Section 13, page 126*

8a. **Did ANY of those times when you gambled happen during a period when you felt extremely excited, elated or hyper or extremely irritable or easily annoyed?**

1 ☐ Yes
2 ☐ No - *SKIP to Section 13, page 126*

b. **Did ALL of the times when you gambled ONLY happen during periods when you felt extremely excited, elated or hyper or extremely irritable or easily annoyed?**

1 ☐ Yes
2 ☐ No
} *Go to Section 13, page 126*

Section 13 - MEDICAL CONDITIONS

Statement R **Now I'd like to ask some questions about your health.**

1.	**(Not counting hospitalization for delivery of a healthy liveborn infant,) How many separate times did you stay in a hospital overnight or longer in the last 12 months?**	_____ Number of times (If "0", *SKIP to 3)*
2.	**(Again not counting hospitalization for delivery of a healthy liveborn infant,) How many days altogether did you spend in the hospital in the last 12 months?**	_____ Number of days
3.	**In the last 12 months, how many times did you receive medical care or treatment in a hospital emergency room?**	_____ Number of times
4.	**In the last 12 months, how many injuries have you had that caused you to seek medical help or to cut down your usual activities for more than half a day?**	_____ Number of injuries
5.	**In the past 12 months, how many times were you PERSONALLY the victim of a crime or attempted crime, such as if a stranger or someone you knew beat you up, mugged or attacked you, hit you with something, took something from you by force or threat of force or forced you to have sex with them? Do not count robberies that occurred when you were not present.**	_____ Number of times

	6a. In the past 12 months, have you had. . . *(Repeat phrase frequently)*		**b. Did a doctor or other health professional tell you that you had** *(Name of condition)***?**
(1)	**Hardening of the arteries or arteriosclerosis?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next condition*	1 ☐ Yes 2 ☐ No
(2)	**High blood pressure or hypertension?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next condition*	1 ☐ Yes 2 ☐ No
(3)	**Cirrhosis of the liver?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next condition*	1 ☐ Yes 2 ☐ No
(4)	**Any other form of liver disease?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next condition*	1 ☐ Yes 2 ☐ No
(5)	**Chest pain or angina pectoris?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next condition*	1 ☐ Yes 2 ☐ No
(6)	**Rapid heart beat or tachycardia?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next condition*	1 ☐ Yes 2 ☐ No
(7)	**A heart attack or myocardial infarction?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next condition*	1 ☐ Yes 2 ☐ No
(8)	**Any other form of heart disease?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next condition*	1 ☐ Yes 2 ☐ No
(9)	**A stomach ulcer?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next condition,* *page 127*	1 ☐ Yes 2 ☐ No

Section 13 - MEDICAL CONDITIONS (Continued)

		6a. In the past 12 months, have you had:	**b. Did a doctor or other health professional tell you that you had** *(Name of condition)***?**
(10)	**Gastritis?**	1 ☐ Yes → 2 ☐ No - *Go to next condition*	1 ☐ Yes 2 ☐ No
(11)	**Arthritis?**	1 ☐ Yes → 2 ☐ No	1 ☐ Yes 2 ☐ No

6c.	**Did a doctor or other health professional EVER tell you that you had schizophrenia or a psychotic illness or episode?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 13.1*
d.	**Did this happen in the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 13.1*
e.	**Did this happen before 12 months ago?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 13.1	Is the respondent a female aged 18 - 55?	1 ☐ Yes 2 ☐ No - *SKIP to Section 10*
7a.	**Are you pregnant at this time?**	1 ☐ Yes - *SKIP to 7c* 2 ☐ No
b.	**Were you pregrant at any time during the last year?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 10*
c.	**(Did you experience/Have you experienced) any complications with your pregnancy (or during delivery)?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 13.2	Is respondent a current drinker?	1 ☐ Yes 2 ☐ No - *SKIP to Section 10*
8a.	**Earlier, you told me about how much and how often you drank during the last 12 months. Was this the way you drank during the time you WERE pregnant, during the time you WERE NOT pregnant, or averaged over both?**	1 ☐ During pregnancy 2 ☐ Not during pregnancy 3 ☐ Averaged over both
b.	**During the months you WERE pregnant, did you drink about the same, drink more or drink less than when you WERE NOT pregnant?**	1 ☐ Drank about the same 2 ☐ Drank more 3 ☐ Drank less 4 ☐ Didn't drink at all } *SKIP to Section 10*